



East Bay Regional Park District
Crab Cove Visitor Center
Docent Application

Name _____

Today's Date: ____/____/____

Address: _____

Cell phone: _____

_____ ZIP _____

Other phone: _____

Birthdate: ____ Month ____ Day

Email: _____

If under 18 give year of birth _____

1. **Education and Training** – Indicate highest level completed, subject area and any degrees or certificates.

2. **Experience** -- summarize employment and volunteer work with community groups, interpretation/environmental education institutions, or other educational organizations. List experience working with different ages of children (being a parent counts!), seniors, and special needs groups.

3. **Tell us about your hobbies, skills or interests:**

4. **Why do you want to volunteer at Crab Cove or for Central Sector education programs?**

5. Which of the following docent and volunteer activities interest you? Check all that apply.

Working with People:

- Marine education for school groups _____
- Marine education for families (weekends) _____
- Redwood forest education for school groups _____
- Assist with nature hikes _____
- Represent Crab Cove at local festivals and events _____
- Showcase Visitor Center exhibits _____
- Gardening volunteer programs _____

Behind the Scenes:

- Stewardship Projects (non-native plant removal, native plant restoration) _____
- Gardening _____
- Developing educational materials _____
- Office projects _____

6. Approximately how many hours/month would you like to volunteer, and when are you available?

7. Do you have proficiency in any language other than English? _____yes _____no

If yes, what language(s)?

8. Have you ever been convicted of a felony or misdemeanor, or entered a guilty or nolo contendere plea? _____yes _____no

If yes, please explain: _____

9. All docents are required to be fingerprinted. These fingerprints will be kept confidential and on file with the District until the docent leaves the program, after which they will be destroyed.

Do you agree to be fingerprinted? _____yes _____no

10. To better serve you, please provide information concerning any special accommodations you may need. Reasonable accommodations will be made upon request. All information will be kept confidential.

11. Please list 2 emergency contacts, with address and phone number:

1) _____

2) _____