



East Bay Regional Park District  
 Southeast Interpretive Sector  
 Docent Application

Name: \_\_\_\_\_

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

Phone

day: (    ) \_\_\_\_\_

\_\_\_\_\_ ZIP \_\_\_\_\_

eve: (    ) \_\_\_\_\_

Email: \_\_\_\_\_

Birthdate: \_\_\_\_ Month \_\_\_\_ Day

If under 18 give year of birth \_\_\_\_\_

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

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2. Experience - summarize employment (volunteer and paid) and participation in community activities (i.e. scouts, church groups, sports, theater, etc.).

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3. Tell us about your hobbies, skills or special interests, (i.e. gardening, birding, kayaking, etc.).

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4. List your experience working with children, seniors, or special needs groups. \_\_\_\_\_

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5. Why do you want to volunteer at Lake Del Valle & Sunol? \_\_\_\_\_

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

Working with People:

Assisting with School Programming \_\_\_\_\_

Special Events \_\_\_\_\_

Behind the Scenes:

Resource Management (citizen science) \_\_\_\_\_

Stewardship Projects (invasive plant removal) \_\_\_\_\_

\*Please note that the next docent training will be highly focused on assisting with school programming at Del Valle and Shadow Cliffs as this is where we are in the most need of docent assistance. Thanks!

7. Please list the days of the week and times you are available to volunteer (weekdays are ideal for school programs).

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8. How many hours a month would you like to volunteer? \_\_\_\_\_

9. Do you have proficiency in any language other than English? \_\_\_\_yes \_\_\_\_no  
If yes, what language? \_\_\_\_\_

10. Have you ever been convicted of a felony or misdemeanor, or entered a guilty or nolo contendere plea?  
\_\_\_\_yes \_\_\_\_no  
If yes, please explain.

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11. 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

12. 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.

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Please feel free to call (510) 544-3243.

13. Please list 2 references:

Personal: \_\_\_\_\_

Professional: \_\_\_\_\_

**Please return to:** Docent Coordinator  
Shadow Cliffs Regional Recreation Area  
2500 Stanley Blvd.  
Pleasanton, CA 94566

\_\_\_ Yes, I will attend the Docent Training beginning on September 19, 2017

\_\_\_ I can't attend at this time, but please notify me when the next training is scheduled.

For more information contact:

Ashley Grenier – Volunteer/Docent Coordinator

510-544-3243

[agrenier@ebparks.org](mailto:agrenier@ebparks.org)



East Bay Regional Park District

[www.ebparks.org](http://www.ebparks.org)

June 2, 2017