



STATE
CAPITOL

Volunteer Docent Application

If completing this form electronically, please save this form to your computer before typing. Once complete, click "save" again.

Capitol Preservation Board Visitor Services

120 State Capitol, 350 North State Street, Salt Lake City, UT 84114

phone: 801-538-1800 **fax:** 801-538-3221 **email:** capitol tours@utah.gov

CONTACT

First Name: _____ Last Name: _____

Address: _____
(street city state zip)

Cell Phone Number: _____ *If you do not have a cellular device please leave a home phone and indicate as such

Text: (Circle one) Yes/No

Birthdate: _____ Email: _____

How did you hear about us? _____

EMERGENCY CONTACT

Name: _____

Relationship to you: _____ Phone Number: _____

BACKGROUND INFORMATION

Please explain what experiences in life (education, volunteer/work experience, or personal) you have had that would be beneficial to this position (Attach resume if preferred) :

Please explain any special trainings or certifications you have had that are relevant:

Foreign Language (if any):

Language: _____ Fluency: _____

Language: _____ Fluency: _____

AVAILABILITY

| Shift | Monday | Tuesday | Wednesday | Thursday | Friday |
|-----------------|--------|---------|-----------|----------|--------|
| 9 a.m. - 1 p.m. | | | | | |
| 1 p.m. - 5 p.m. | | | | | |
| 6 p.m. - 8 p.m. | n/a | n/a | | n/a | n/a |

Please let us know if you need any other time accommodations with your schedule, the Visitor Services Manager is happy to work this out on a case-by-case basis.

INTEREST

Why do you wish to become a Capitol Docent?

VOLUNTEER AGREEMENT

I authorize verification of all information contained in this application. I also understand that volunteering as a Docent at the Utah State Capitol is a commitment to uphold the mission and standards of the Capitol Preservation Board Visitors Center, with a focus on providing good customer service, cultivating coworker and volunteer respect, and maintaining an environment of integrity, both to people and the facility. As a Docent, at the Utah State Capitol, I agree to follow all guidelines and policies set forth. I will participate in the program's training and understand the request of a one-year, 8 hours per month commitment. I understand I may take vacation or leave from the volunteer schedule.

I am aware that the Capitol Preservation Board Visitor Services Program has the right to release me from service at any time, just as I have the right to refrain from volunteering at any time.

SIGNATURE: _____ DATE: _____