



PHELPS MANSION
MUSEUM

Junior Docent Program Parent/Guardian Permission

Applicants Name: _____ Date _____

Please list main contact information:

Parent/Guardian _____

Address: _____ Zip: _____

Best number(s) to reach you: _____

Email-Please print clearly: _____

1. Contact in case of emergency other than main Parent/Guardian:

Name: _____

Phone number (s) _____

Relationship to Jr. Docent: _____

Contact in case of emergency other than main Parent/Guardian:

Name: _____

Phone number (s) _____

Relationship to Jr. Docent: _____

2. Does the applicant have any allergies or other special medical or physical needs that our staff needs to be aware of? _____
3. May we have permission to use photographs of your child in our promotions? _____
4. If selected, your child will be coming to the museum an average of 2 times per month for a minimum of 6 hours a month for a year. Will he/she have reliable transportation? _____
5. Does your child have time in his/her scheduled to dedicate to this program? _____

I support my son/daughter's commitment to the Phelps Mansion Museum's Junior Docent Program. I am aware that he/she has assumed the responsibility of volunteering for the required time and I will be certain that he/she is present for the assignment or that the staff is informed of absences. I also agree to attend an Interview/Orientation session with my son/daughter. Parental input and group support is encouraged by the Phelps. Please volunteer to support this program in any way you can.

Parent/Guardian Signature _____ Date: _____

Please return all forms to: **Phelps Mansion Museum 191 Court St., Binghamton, NY 13901**



PHELPS MANSION
M U S E U M

Junior Docent Program Student Application

Name: _____ Date: _____

Best number(s) to reach you: _____

Email—Please print clearly: _____

School: _____

Grade: _____ Age: _____ Date of Birth: _____

Other Languages Spoken: _____

1. List 4 reasons why you would like to be a Junior Docent at the Museum of the Albemarle:

2. List 4 special classes and extracurricular activities, hobbies or interests that you feel would help us learn more about you:

3. List 3 things you would like to learn from this program:

4. If selected, you will be coming to the Museum at least three times per month for a year.

- a) Will you have reliable transportation to the Museum?
- b) Are you committed to attending training sessions?
- c) Are you committed to communicate with the program director?
- d) Do you believe you have time in your schedule to dedicate to this program?

Your signature below indicates your commitment to participate in the Museum of the Albemarle's Junior Docent Program.

Applicant Signature _____ **Date** _____

Please return the following: application and parent/guardian permission form to:

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Phelps Mansion Museum, Attention Joe Schuerch

191 Court St, Binghamton, NY 13901



PHELPS MANSION
MUSEUM

Junior Docent Program Teacher Recommendation

Applicants for the Museum of the Albemarle Junior Docent Program are highly motivated students between the ages of 13 and 17. These students are trained to interact with museum visitors, by leading tours, participating in family and children's programming, living history events and otherwise help Museum visitors better understand and appreciate the museum experience. Our goal is to instill desire in the student to explore history, develop skills in leadership, time management and public speaking while at the same time making a significant contribution to the community.

To be considered for the Junior Docent program each applicant must submit a recommendation from his or her teacher, counselor, etc. We appreciate your participation in this project.

Student's Name: _____

Teacher's Name: _____ Teacher's Phone: _____

Subject taught or relationship to student: _____
How long have you known the student? _____

Please rate the student on the following:

Study Skills:
Above Average Average Satisfactory

Dependability:
Above Average Average Satisfactory

Ability to work with others:
Above Average Average Satisfactory

Speaking Skills:
Above Average Average Satisfactory

What talents or skills do you think this student has to offer to the Junior Docent program?

What skills do you think are important for this student to gain from the Junior Docent program?

Signature _____ **Date** _____

Please write any additional notes on the back of this form.

Please return to:

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