

Docent Program

Department of Education

Would you like to . . .

- Learn about animals and the natural world?
- Help people learn new ideas and how to relate to wildlife?
- Become active in your environment?
- Develop valuable leadership skills?

If so, then the Montgomery Zoo/Mann Museum Docent program may be just what you're looking for.

Montgomery Zoo Docents must show . . .

- A long lasting interest in wildlife and the environment.
- The desire and ability to teach others.
- A commitment to the training process and volunteering at least eight hours per month throughout the year.

Requirements to Become a Docent:

An applicant must:

1. be at least 18 years of age (*No exceptions*).
2. have an exceptional interest in animals and the environment.
3. make a six month commitment as an educational volunteer.

If selected he/she must:

1. attend one of the four training sessions offered this year without absence.
2. work a minimum of eight hours each month throughout the year if you are a weekend docent and four hours each month if you are a weekday docent.
3. attend and participate in at least six of the monthly docent meetings.
4. report results from a TB test within two months of acceptance.
5. adhere to all rules and regulations imposed by the zoo, Mann Museum and the department of education.
6. be responsible for purchasing the training manual and at least one short sleeve uniform shirt (\$40.00) and will be responsible for having your name embroidered on all uniform shirts.
7. be responsible for providing their own uniform pants and shorts while in service.

To Apply

1. Applicant must complete this application in full.
2. Applicant must indicate session preference on application.
3. Applicant must provide two references which must be submitted with application.
4. Every part of the application is important, as the materials will be reviewed as a whole. The application and references will be screened by an advisory board made up of the curator of education, the assistant curator of education and the senior docents.
5. Interviews will be scheduled for those applicants who best meet the criteria listed previously in the "Requirements" section.
6. Deliver completed application to: Department of Education, Montgomery Zoo
2301 Coliseum Parkway
Montgomery, Alabama 36109
or fax it to (334) 625-4916

Important Dates

<i>Application Deadlines</i>	January 10th	for January 20th session
	May 2nd	for May 12th session
	August 11th	for August 1st session
	October 31st	for November 10th session

Philosophy of Live Animal Use in Education Programs

It is the mission of the education department of the Montgomery Zoo to promote awareness, education, preservation, conservation and participation in wildlife and wildlife habitats throughout the world.

The zoo education department provides live animal educational programs and events to stress the importance of conserving wildlife and the habitats where wildlife resides as well as to help prevent the extinction of endangered species through education.

The zoo education department strives to increase interest in science and animal husbandry and to teach students responsibility and respect for our environment.

The zoo education department provides our community with a wide variety of educational resources and prides itself on being stewards of the environment. The zoo education department's mission is based on its commitment to deliver accurate information to the public and to promote an increased awareness of the natural world around us.



Docent Application

I am applying for the following session: (check 1)

____ January 20

____ May 12

____ August 11

____ November 10

Name: _____

Date of Birth: _____ Age: _____

Level of education completed: _____

Home #: _____ Work #: _____ Other #: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

What languages are spoken in the home? _____

Employer: _____ Employer's mailing address: _____

City: _____ State: _____ Zip: _____

How did you hear about the Docent program? _____

Brief Medical History (optional)

Name of physician/Clinic: _____

Phone Number: _____ City: _____

Allergies: (to food, drugs, insects, etc.) _____

Other known medical conditions: _____

Emergency contact persons:

1. Name: _____ 2. Name: _____

Relationship: _____ Relationship: _____

Home Phone: _____ Home Phone: _____

Work Phone: _____ Work Phone: _____

Don't forget to include your references with your application!!

Signature _____

Date _____

