



# JUNIOR DOCENT APPLICATION

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Applicant Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_

School: \_\_\_\_\_ Current Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Parent's Names: \_\_\_\_\_

Parent's Email: \_\_\_\_\_ Parent Cell Phone: \_\_\_\_\_

### APPLICANT SECTION

Please answer these questions on the back-side of this paper:

1. Briefly describe why you are interested in the Desert Museum's Junior Docent Program.
2. What would you like to learn from this program?
3. What about the Sonoran Desert/ nature appeals to you?
4. Name two school subjects that:
  - a. you enjoy. WHY?
  - b. are difficult for you. WHY?
5. List some hobbies or activities (not related to school) that you enjoy.
6. Please list some of your current after-school activities such as sports and club.
7. This is a two-yearlong program. Are you committed to follow through with such a program?

YES                      NO                      MAYBE

### PARENT SECTION

1. Your child will be coming to the Museum an average twice a month for two years.
  - a. Will you have reliable transportation to the Museum?                      YES                      NO
  - b. Are you committed to helping your child follow through with such a program?    YES                      NO

Please sign below indicating that you have read your child's Junior Docent Application and give your approval and support for your child to participate in the Arizona-Sonora Desert Museum's Junior Docent Program.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

This form, along with two teacher recommendation forms, should be sent to:  
Arizona-Sonora Desert Museum, attn: Junior Docent Program, 2021 N. Kinney Rd., Tucson, AZ 85743