

Dear Prospective Docent,

Thank you for your interest in becoming a docent. If you like people, are enthusiastic about nature and desire to serve the public, you will make an excellent docent.

Please complete the enclosed application. Notary is not required for the application. During our winter months, we are looking for docents on Saturdays and Sundays from 12 p.m. to 4 p.m. This is our peak time for visitors. We ask a minimum of 8 hours per month. Please indicate on the enclosed sheet what days and shifts you would be willing to work.

A training class of 4 hours is mandatory. You will also be required to be familiar with the animals of the Aquarium of Niagara, and that information is provided in our docent manual.

As a docent you will be able to enjoy the benefits that all our volunteers receive. Free admission for you and your immediate family to name just one.

If you have any questions, please call me at 285-3575 ext. 214. Once again thank you for your interest!

Sincerely,

Jennifer Humphrey
Supervisor of Marine Mammals

AQUARIUM OF NIAGARA DOCENT APPLICATION

NAME: _____ AGE: _____ GENDER _____
(Last) (First) (Middle Initial)

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE NUMBER: _____ E-MAIL: _____

HOW DID YOU FIND OUT ABOUT OUR PROGRAM?: _____

If you are related to anyone working at the Aquarium, please list name and department:

EDUCATION:

ELEMENTARY: _____

SECONDARY: _____

COLLEGE: _____ DEGREE: _____

TRADE, BUSINESS OR OTHER: _____

PLEASE LIST TWO REFERENCES:

1. _____
(Name) (Address) (Years known)

2. _____
(Name) (Address) (Years known)

IN CASE OF EMERGENCY NOTIFY:

(Name) (Relationship) (Phone)

I realize that I am working without compensation. Furthermore, I understand that I will not receive financial remuneration for my services, and that my volunteer position may be terminated at anytime without prior notice.

Signature _____ Date: _____

DOCENT RELEASE FORM

*By signing this application you are indicating your understanding that the Aquarium of Niagara assumes no responsibility for any injury suffered by you as a result of your docent work either on or off the Aquarium's premises, and if you are appointed to the Aquarium's docent program, neither you, nor heirs, administrators, executors or assigns shall ever institute, nor in the institution of any action at law or otherwise against the Aquarium of Niagara, on account of injury to your property resulting from your volunteer services; and your parents, or legal guardians, or their heirs, administrators, executors, and assigns: **HEREBY RELEASE THE AQUARIUM OF NIAGARA**, its Board of Directors, Niagara Aquarium Foundation, owners, officers, employees and agents from and against any claims for personal injuries to you or loss or damages to your personal property arising out of your activities undertaken as a docent.*

Executed as a sealed instrument this _____ day of _____, 20_____.

Name: _____ Signature: _____

DOCENT PURPOSE:

- _____ Practical experience
- _____ Academic experience
- _____ To supplement current or upcoming schoolwork
- _____ Hobby or special interest
- _____ Career interest
- _____ Other

Have you had any experience working with aquatic life, animals or teaching?

Please write a short statement explaining how you believe we at the Aquarium of Niagara may assist you with meeting your goals with our docent program.

Name_____

Phone_____

Docent positions are arranged by shifts on **Saturday and Sunday from 12 p.m. to 4 p.m.**

Please indicate which shift or shifts you would like by circling them:

First Sunday

First Saturday

Second Sunday

Second Saturday

Third Sunday

Third Saturday

Fourth Sunday

Fourth Saturday

Fifth Sunday

Fifth Saturday

Please return this form with your application.
Thanks very much!