



# Docent Training Application



Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Day phone #: \_\_\_\_\_ Evening phone#: \_\_\_\_\_

Emergency contact person: \_\_\_\_\_

How did you hear about the Trail Tales Docent program? \_\_\_\_\_

Why are you interested in becoming a docent, and what do you hope to gain? \_\_\_\_\_

Please describe any background and special experience you bring to the docent program, including experience with public outreach activities, environmental education, event planning or interpretive programs, and ways you may hope to contribute to the program.

Please tell us about any pertinent related degrees, certificates, and / or work experience.

What are your special interests, recreational activities or hobbies (bird-watching, gardening, native plants, teaching, history buff, computer work, research, event planning, etc)?

Please tell us about any volunteer work or community service you have been involved in, how long you were involved, and if you held a leadership role (school related, work related, club / service related, Social / religious, other) \_\_\_\_\_

Please **CHECK** the activities in which you would prefer to participate as a Trail Tales volunteer, and **UNDERLINE** those you would do if needed:

- |  |   |
|--|---|
| <input type="checkbox"/> <b>Lead Trail walks</b>           | <input type="checkbox"/> Office support                   |
| <input type="checkbox"/> Displays/information booths       | <input type="checkbox"/> Writing/photography/illustration |
| <input type="checkbox"/> Publicity/recruitment for program | <input type="checkbox"/> Desktop publishing               |
| <input type="checkbox"/> Event planning and organization   | <input type="checkbox"/> Other _____                      |
| <input type="checkbox"/> Web site design and management    |   |

Are there any dates on the current season calendar that you know you will not be available to participate in Trail Tale training or event / activities? (e.g. job, vacations, or regular commitments):

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### **Volunteer Statement of Commitment**

If accepted into the Trail Tales docent program, I agree to:

1. Attend the full Docent Training Course.
2. Attain the necessary level of knowledge to carry out my commitments.
3. Participate in a minimum of 2 walks, events or display booth tabling during the current Trail Tales season.
4. Record and report volunteer service via on-line portal or paper form to the Trail Tale Coordinator.
5. Support one *Friends of Skagit Beaches* activities or projects after graduation.
6. Meet the standards of performance defined by the Friends of Skagit Beaches Trail Tale program in services performed as a Trail Tales docent.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Trail Tales is sponsored by Washington State Department of Ecology's  
Public Participation Grant Program**

Please mail your application to Friends of Skagit Beaches, P.O. Box 481, Anacortes, WA 98221.  
Applications must be received by 2/24/2013 to be priority consideration for our program.