



**JUNIOR DOCENT PROGRAM  
THE MUSEUMS OF OLD YORK**

Museums of Old York  
P.O. Box 312  
York, Maine 03909  
(207) 363 4974  
[www.oldyork.org](http://www.oldyork.org)

Application must be typed or printed by the Junior Docent applicant.

**GENERAL INFORMATION**

Date \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Email Address \_\_\_\_\_

Home phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ (please indicate if this is yours or your parent's)

Name of parent(s) or guardian(s) \_\_\_\_\_

Parents' email address \_\_\_\_\_

Person to be contacted in case of emergency \_\_\_\_\_

Relationship \_\_\_\_\_ Daytime phone \_\_\_\_\_

How did you hear about the Junior Docent Program? \_\_\_\_\_

\_\_\_\_\_

**EDUCATION**

Grade in school as of January \_\_\_\_\_ School district \_\_\_\_\_

Name of school you attend \_\_\_\_\_

Major areas of interest (clubs, sports, after-school activities) \_\_\_\_\_

Subjects taken that you feel may help you as a Junior Docent \_\_\_\_\_

**PREVIOUS VOLUNTEER EXPERIENCE** (include name of volunteer site and what you did)

**WORK EXPERIENCE** (include baby sitting, paper routes)

**VOLUNTEER GOALS**

Why do you want to become a volunteer at Old York? \_\_\_\_\_

Why are you interested in the Junior Docent Program? \_\_\_\_\_

**AVAILABILITY**

Be sure to discuss the following section with your parents or guardians before completing. A minimum of 3 hours a week is required in July and August.

How many days a week in the summer would you like to volunteer? \_\_\_\_\_

Circle all possible days of availability:

Monday      Tuesday      Wednesday      Thursday      Friday      Saturday

Are there any week(s) that you will not be available to volunteer (because of family vacation, camp, etc.)? Please list week(s) you will not be available.

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During the school year will you be available on certain Saturdays for special events such as Opening Day (second Saturday in June), Harvestfest (October) or Festival of Lights (first Saturday of December)?

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Rate the following options by order of preference (1: your first choice; 2: your second choice; etc.):

• **Junior Interpreter: 12-18 yrs old**

-Learn to give guided tours of the historic houses with an adult staff member. Docents do not wear period clothing on these tours. **Choice:** \_\_\_\_\_

-Perform the part of a servant or a child at the Old Gaol. **Choice:** \_\_\_\_\_

-Demonstrate colonial crafts in period costumes in front of the Visitors Center. **Choice:** \_\_\_\_\_

-Help with hearth cooking demonstrations on Friday mornings. **Choice:** \_\_\_\_\_

-Help install and oversee an interactive dress up area in Jefferds' Tavern. **Choice:** \_\_\_\_\_

• **Junior Educator: 13-18 yrs old**

-Help the education staff with the development, preparation and presentation of children's summer programs ("Morning Adventures" and week-long camps). **Choice:** \_\_\_\_\_

• **Junior Curator: 13-18 yrs old**

-Choose a topic to base our exhibit around.

-Pick artifacts from our collection and research these artifacts

-Design and set up our exhibit in the York Public Library display case to remain on display all year.

**Choice:** \_\_\_\_\_

Are you interested in more than one activity? Yes \_\_\_\_\_ No \_\_\_\_\_

Would you like to be paired with a friend? Yes \_\_\_\_ No \_\_\_\_

Friend's name: \_\_\_\_\_

*This is possible for certain activities such as Junior Interpreters at the Old Gaol, demonstrating crafts at the Tavern and designing the exhibit.*

**JUNIOR DOCENT AGREEMENT**

I understand that as a volunteer I am not entitled to monetary compensations for the work that I perform or be entitled to worker’s compensation or group benefits in the event of injury. The Old York Historical Society Junior Docents Program reserves the right to an evaluation sometime after placement and the right to terminate services should responsibilities not be fulfilled satisfactorily.

Please sign below:

Student: \_\_\_\_\_ Date: \_\_\_\_\_

**PARENT/GUARDIAN AGREEMENT**

In signing this waiver, I for myself, my heirs, executors and administrators, release the coordinator of this program and Old York Historical Society from any and all liability in case of death or injury received during participation in the Junior Docents Program.

I authorize  or I do not authorize  the Museums of Old York to take pictures of my child that may appear in publication and the website.

Signature: \_\_\_\_\_ Print name: \_\_\_\_\_