

**Bellefontaine Cemetery Association
DOCENT APPLICATION**

Please fill out both sides completely

Name: (Mr. Mrs. Ms.)

Last _____ First _____ MI _____

Address:

Street _____

City _____ State _____

Zip _____

Phone Number: Home _____ Work _____ Cell _____

Email _____ Occupation _____

You are available to volunteer: weekends _____ and/or weekdays _____

Topics of interest: _____

Educational Background: _____

Professional Background: _____

Special Skills: (Foreign language, signing for the deaf, art, other)

Hobbies/Interests: _____

Previous volunteer position(s) held: _____

With what organization(s)? _____

In case of emergency, who should be contacted?

Name _____ **Relationship** _____

Telephone _____

By my participation in the docent program, I agree to adhere to the bylaws and regulations. I further agree, whenever possible and as needed, to serve as a docent tour guide, to promote goodwill within the community, and to check, revise, and expand my teaching information as is appropriate to promote the interest.

_____ **Signed Date** _____

Thank you for providing this information and for your interest in the Bellefontaine docent program.

Please return completed form to:

**BELLEFONTAINE CEMETERY ASSOCIATION
Attn: Docent Program
4947 West Florissant Avenue
St. Louis, MO 63114**