

LANDER UNIVERSITY DOCENT APPLICATION

Last Name _____ First Name _____

Address _____

City _____ State _____ Zip Code _____

Phone (Home) _____ (Work) _____

E-mail address _____

Education/Diploma/Degree _____

Occupation/Previous work experience _____

Special skills/training _____

Previous volunteer experience _____

What days and times are you available? (Check all that apply)

Mornings Afternoons Evenings
 Mon. Tues. Wed. Thurs. Fri. Sat. Sun.

Areas of interest (Check all that apply)

Working with students Administrative support Leading tours
 Guest lecturing Advising a student organization Special events
 Other _____

Emergency contact:

Name _____ Phone _____

LANDER UNIVERSITY DOCENT AGREEMENT

I understand that a docent is a volunteer and not eligible for compensation. As part of the docent application process, I agree to submit to a criminal background check, the cost of which will be paid by Lander University. If accepted as a docent, I agree to complete an orientation program and attend periodic meetings to obtain information related to my duties as a docent. I will observe the rules and regulations of the university and respect all visitors regardless of their sex, age, race, national origin or physical disabilities. I will work in concert with other volunteers, members of the Lander administration, faculty, staff and students. I agree to be prompt in reporting for assignments and to notify the department where I am assigned if I am unable to work as scheduled. I will wear the blazer and nametag supplied to me when representing Lander in any official capacity on campus or in the community.

Signature _____ **Date** _____

Information required for criminal background check:

Print Name: _____ Circle One: Male/Female

Social Security Number: _____ Date of Birth: _____