



Docent Society Membership Application

Name _____ Date ____ / ____ / ____
Last First

Address _____
Street City Zip

Phone (____) _____ (____) _____ email _____
Home Work

Emergency Contact (Name & Phone#) _____

Check if: Retired ____ Student ____ Employed ____

How did you learn of the QBG Docent Class? _____

Educational history / major areas of study _____

Why do you want to be a QBG docent? _____

How many hours per month do you plan to work at QBG? (Note that a minimum of 80/yr. required) _____

Note any health limitations that would apply to working in the Gardens _____

Describe prior work or volunteer experience, skills, hobbies or other talents that could be helpful in your work as a docent _____

Are you currently volunteering anywhere else? _____ If so, where? _____

Please check the areas in which you are willing to work (note that you may add or delete areas at the conclusion of the docent training program).

- | | | |
|--|--|--|
| <input type="checkbox"/> Adult tour guide | <input type="checkbox"/> Educational programs | <input type="checkbox"/> Herbarium |
| <input type="checkbox"/> Children's tour guide | <input type="checkbox"/> Garden maintenance | <input type="checkbox"/> Seed collection/exchange |
| <input type="checkbox"/> Gift shop/plant sales | <input type="checkbox"/> Nursery propagation | <input type="checkbox"/> Arts & crafts |
| <input type="checkbox"/> Admissions booth | <input type="checkbox"/> Nursery stocking | <input type="checkbox"/> Weddings |
| <input type="checkbox"/> Special events | <input type="checkbox"/> Construction/Maintenance | <input type="checkbox"/> Office/administrative support |
| <input type="checkbox"/> Hospitality | <input type="checkbox"/> Collections support (records, research) | |

I UNDERSTAND THAT THE FOLLOWING ARE REQUIREMENTS FOR BEING A QBG DOCENT, AND I AGREE TO: 1) complete the 11-week docent class, 2) maintain membership in the Quail Botanical Gardens Foundation, 3) attend monthly docent meetings (1st Wednesdays), and 4) work a minimum of 80 hours per year for a minimum of two years. (Full docent status is achieved after completing 80 hours.)

Signature _____

Return to: QBG, P.O. Box 230005, Encinitas, CA 92023-0005; FAX (760) 632-0917 or e-mail to: mlkelly@qbgardens.com; or bring in person to the Ecke Bldg. M-F 9-5

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