



Pérez Art Museum Miami
1103 Biscayne Blvd.
Miami, FL 33132
305 375 3000
pamm.org



DOCENT ASSOCIATION APPLICATION

Name _____ Date _____

Address _____

Daytime phone _____ Evening phone _____

Cell phone _____ Email address _____

Education _____

Additional art-related studies _____

Skills _____

Teaching experience _____

Foreign languages _____

Artistic ability _____

Public-speaking experience _____

Special interests or hobbies _____

Current professional and/or volunteer activities _____

How did you learn about our docent program? _____

Why would you enjoy becoming a docent? _____

Upon successful completion of the docent training program, all docents are expected to be active for two years beyond the training period, attend docent meetings, and maintain an active membership in the **Pérez Art Museum Miami**. Your signature below indicates that you understand this commitment.

Signature _____

Date _____

