



WAMSO KINDER KONZERTS VOLUNTEER DOCENT APPLICATION



Complete the following information (please print legibly):

1. First Name _____ Last Name _____
2. Street Address/Unit Number _____
3. City _____ State _____ Zip _____
4. Phone Numbers: (____) _____ (Home)
 (____) _____ (Work)
 (____) _____ (Cell)
 (____) _____ (Other)
5. Email Address: _____
6. *Employment and Volunteer Experience:* Please briefly list your experience that is relevant to being an effective Kinder Konzerts Docent. Include teaching, business, public speaking, leadership and volunteer experiences. Please limit your response to the space provided below.

7. *References:* Please provide two work, school, business or personal references who are **not** relatives. We may be contacting your references to discuss your application.

Name: _____ Phone: (day) (____) _____
 Relationship: _____ (night) (____) _____

Name: _____ Phone: (day) (____) _____
 Relationship: _____ (night) (____) _____

Please complete the second page of this application.

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8. How did you hear about our Kinder Konzerts Docent opportunity?
9. Are you interested in: ___ Orchestra Hall Kinder Konzerts Program?
 ___ Kinder Konzerts on the Road In-school Program?
 (You may apply for one or both programs.)
10. Are you currently a WAMSO member? ___Yes ___No
11. Background Verification: Have you ever been convicted of a criminal offense? ___ Yes ___ No
If yes, please describe.
12. Being a Kinder Konzerts Docent requires significant walking through Orchestra Hall and up and down stairs with small children. Being a Kinder Konzerts on the Road Docent requires some minimal pulling of a wheeled box with instruments and other items for the classroom. Do you have any physical limitations or are you under any course of treatment that might limit your ability to perform certain types of work? ___ Yes ___ No *If yes, please explain.*
13. Please read, sign and date the following:

I certify to the best of my knowledge that the information provided on this form is accurate. I authorize WAMSO's designated representatives to talk with my references about the information on this application to help determine my qualifications to be a volunteer Kinder Konzerts Docent. I understand that there may be an interview prior to my acceptance as a Kinder Konzerts Docent. I understand that upon my acceptance as a Kinder Konzerts Docent, I am expected to participate in at least two yearly Guide Workshop training opportunities (held in September and January). I also understand that I will be expected to volunteer as a guide a minimum of four (4) days over an eight to nine month Kinder Konzerts season at Orchestra Hall or at a minimum of two Kinder Konzerts on the Road activities. Finally, I understand that assignment as a Kinder Konzerts Docent is at the discretion of WAMSO and, for any reason, it may be determined that I am no longer needed as a Kinder Konzerts Docent. In the event of this situation, there may or may not be an opportunity to volunteer in a different Kinder Konzerts capacity or in another WAMSO program.

 Signature of Applicant

 Date

Emergency Contact Information:			
Name _____	Relationship _____		
Phone Numbers: (____) _____	(Home) (____) _____	(Work) _____	
(____) _____	(Cell) (____) _____	(Other) _____	

Please return this application to WAMSO Kinder Konzerts, 1111 Nicollet Mall, Minneapolis, MN 55403-2477, email to wamso@mnorch.org, or fax to 612.371.7176. If you have any questions, please call the WAMSO office at 612-371-5654.

Thank you for your interest in WAMSO and our Kinder Konzerts program. Please know that we appreciate your interest and will make every attempt to contact you in the very near future.