



Docent Training Assistant Application

Phone: (510) 733-1189
E-mail: zillic45@gmail.com
www.musicforminors2.org

Name: _____ Date: _____

Address: _____

City: _____ Zip: _____

Phone: _____ Cell: _____

Email: _____

Signature: _____

1. How did you learn about this position?

- | | |
|--|--|
| A. <input type="checkbox"/> MFMII Staff, Board, Docent or Liaison (circle) | E. <input type="checkbox"/> School PTA, Site Council, or Staff |
| B. <input type="checkbox"/> MFMII Community Event | F. <input type="checkbox"/> School Newsletter |
| C. <input type="checkbox"/> School Concert / Presentation | G. <input type="checkbox"/> Newspaper (name) |
| D. <input type="checkbox"/> MFMII Website | H. <input type="checkbox"/> Other (explain) |

2. Why do you want to be the Music for Minors II Training Assistant?

3. What experience do you have working with adults in a classroom setting?

4. What musically related experience or background do you have?

5. Please list former employers and type of employment along with dates you worked. Please do the same for volunteer experience. Include contact information. (Please attach a resume if you have one)

6. You might be asked to assist with teaching rounds and partner songs.

- | | |
|--|---|
| A. <input type="checkbox"/> Have you sung with children? | D. <input type="checkbox"/> Do you read music? |
| B. <input type="checkbox"/> Can you keep a beat? | E. <input type="checkbox"/> Do you play a musical instrument? |
| C. <input type="checkbox"/> Can you sing on pitch? | If yes, list the instruments: |

7. You may need to take attendance and submit weekly updates to the instructor as well as communicate with the docent trainees:

			Skill Level		
			Proficient	Average	Beginner
A.		Do you have experience using Microsoft word?			
B.		Do you have experience using Microsoft excel?			
C.		Do you have experience using email?			

8. **What experience do you have with filing, sorting, collating, copying, and distribution of documents?**
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9. You will need to lift chairs and move tables to set up the classroom. **Do you have any physical limitations that might prevent you from completing this task?**
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10. You will need to use various pieces of **technology equipment** during the training sessions.

			Skill Level		
			Proficient	Average	Beginner
A.		Do you have experience using a video camera?			
B.		Do you have experience using a CD player?			
C.		Do you have experience using an Ipod player?			
D.		Do you have experience using a document camera?			
E.		Do you have experience using a projector?			

11. **What else can you tell us about your interests and concerns?**
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12. **Please provide one in-state reference** (not a relative or spouse) that we may contact regarding your work or volunteer experience.

Name: _____ Phone: _____

Email: _____

An interview will be scheduled when your application is received.

Signature

When the application is complete, please email to zillic45@gmail.com or mail:

Music for Minors II
 PO Box 2661
 Fremont, CA 94536

Or fax to: 510-713-9879