



Docent Application

Training Location	
F	_____
CV	_____

Office use only:
 Application Rec'd _____
 Interview _____
 School _____
 Registered _____
 Needs Placement _____

Phone: (510) 733-1189
E-mail: czilli@aol.com or mfm2recruitment@gmail.com
www.musicforminors2.org

Name _____ Date _____

Address _____

City _____ Zip Code _____

Phone_(_____)_____ Cell_(_____)_____ FAX _____

Email _____

1. How did you learn about Music for Minors II?

- | | |
|-------------------------------------------------------------------------|---------------------------------------------|
| A. _____ MFMI Staff, Board Member,
Docent or Liaison (please circle) | E. _____ School PTA, Site Council, or Staff |
| B. _____ MFMI Community Event | F. _____ School Newsletter |
| C. _____ School Concert / Presentation | G. _____ Newspaper (name) _____ |
| D. _____ MFMI Website | H. _____ Other (explain) _____ |

2. Why do you want to be a MFMI classroom docent? _____

3. What experience do you have working with children? (School, classroom teaching, scout leader, preschool volunteer, etc.)

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

5. What type of employment and/or volunteer work have you done? _____

- | | |
|------------------------------------------|--------------------------------------------|
| 6. A. Have you sung with children? _____ | D. Do you read music? _____ |
| B. Can you keep a beat? _____ | E. Do you play a musical instrument? _____ |
| C. Can you sing on pitch? _____ | If yes, list the instruments _____ |

7. What is your preferred school/district/grade level to serve as a volunteer docent? _____

8. Do you have children in school? _____ What are their grade levels? _____

9. What do you expect to get out of the docent training? _____

10. What do you think you can give to your students that is unique to you? _____

11. What else can you tell us about your interests and concerns? _____

12. Please provide one in-state reference (not a relative or spouse) that we may contact regarding your experience with children or work experience. Name: _____

Phone: _____ E-mail: _____

13. Do you know someone who might like to receive information about MFMII?

Name: _____ Phone: _____ E-mail: _____

BEHIND THE SCENES: Check if you can help:

Fundraising Special Events
 Data Entry Phones
 Other (please specify): _____

Docent training is twice weekly starting mid September through the beginning of November and registration begins with Music for Minors II. Volunteers are expected to complete the training and serve for at least one school year providing ½ hour per week of music in at least one classroom. Upon completion of the training, docents are placed in mutually agreeable classrooms with MFMII authorization. MFMII reserves the right to determine who shall participate in the program at any time. Should you have to stop docenting during your first year commitment, docents will have to return all training materials to MFMII which are held until you can return.

I have read and understand this paragraph above and accept its requirements_____ (please initial)

A phone interview will be scheduled when your application is received. A schedule of training classes will be sent to you in mid-August.

Signature _____ Date _____

Training Teacher/DTC Signature _____ Date _____

When the application is complete, please mail it to the address below:

Music for Minors II,
PO Box 2661,
Fremont, CA 94536

Or fax to: 510-713-9879 any time or ***email*** mfm2recruitment@gmail.com

The regular training classes will be held in two locations (Fremont and Castro Valley):

Fremont Congregational Hall, 38255 Blacow Road, Fremont, CA 94536
Castro Valley School of Music, 3300 E Castro Valley Blvd, Castro Valley, CA 94552

9:15 am - 11:45 am
7:00 pm - 9:15 pm