



Docent Training Application Form

Name: _____

Address: _____

City: _____ ZIP: _____

Home Phone: _____ Work and/or Cell Phone: _____

Email: _____

In case of emergency, please contact: _____

Relationship: _____ Phone: _____

How did you hear about the Docent Training?

(If you would like to be considered for a scholarship, please give us your reasons on the reverse side of this form.)

Are you currently a member of the California Vehicle Foundation? Yes No

Our Docents (tour guides) should complete the training course, pay the \$95.00 training fee (make your check payable to the California Vehicle Foundation) and be prepared to commit to work two four-hour docent shifts monthly for at least two years. Your signature below certifies that you understand this commitment.

Signature of Applicant _____

Return your completed application and check to:

Docent Training Program
California Automobile Museum
2200 Front Street
Sacramento CA 95818 Phone (916) 442-6802