



Westport Historical Society Docent Information Form Children's Heritage Education Program

Please mail to:
Kathleen McAreavey, Manager of Education Programs, Westport Historical Society
P.O. Box N188, Westport, MA 02790

NAME: _____

ADDRESS: _____

TELEPHONE: (HOME) _____ (CELL) _____

E-MAIL: _____ OCCUPATION: _____

EMERGENCY CONTACT: _____ PHONE: _____

ARE YOU A MEMBER OF THE WESTPORT HISTORICAL SOCIETY? ___ YES ___ NO

HOW DID YOU HEAR ABOUT OUR DOCENT PROGRAM? _____

WHY ARE YOU INTERESTED IN BECOMING A WHS DOCENT? _____

WHAT IS YOUR FAVORITE LOCATION IN WESTPORT? PLEASE EXPLAIN WHY: _____

HOW COMFORTABLE ARE YOU INTERACTING WITH EIGHT AND NINE YEAR OLD 3RD GRADE STUDENTS?

PLEASE LIST ANY SPECIAL NEEDS WE SHOULD BE AWARE OF: _____

PLEASE CHECK OFF YOUR AVAILABILITY:

Monday Tuesday Wednesday Thursday Friday

9:00 am - noon

1:00 pm - 3:00 pm

Thank you!