

## New Docent Registration - 2024

| Name:                              |                       |                    |          |
|------------------------------------|-----------------------|--------------------|----------|
| Address:                           |                       |                    |          |
| Home Phone Number:                 | Cell Pho              | one Number:        |          |
| Best number to reach you:          | Home Phone            | Cell Phone         |          |
| Best time of day to reach you:     | Mornings _            | Afternoon          | Evenings |
| Email Address:                     |                       |                    |          |
| Do you have internet at home?      | Yes                   | No                 |          |
| Can you print from home?           | Yes                   | No                 |          |
| Please check the days you would be | available to voluntee | er:                |          |
| Mon Tues Wed _                     | Thurs                 | _ FriSat           | Sun      |
| Why are you interested in becoming | g a trained volunteer | for Konza Prairie? |          |
| (please see the other side)        |                       |                    |          |

| What is your background?   |
|--|
| Have you walked the Konza Nature Trail before?                                     |
| Have you given presentations to groups before – if so, what type of presentations? |
| Do you feel comfortable giving talks to groups of children?                        |
|  |
| Thank you for your interest in our program!  |