



MUSEUM DOCENT PROGRAM

NAME OF ORGANIZATION: _____

ADDRESS: _____

MAILING ADDRESS IF DIFFERENT: _____

CONTACT PERSON: _____

CONTACT PHONE: _____ CONTACT EMAIL: _____

HOURS & DAYS YOU ARE CURRENTLY OPEN: _____

ARE YOU CURRENTLY PAYING YOUR DOCENTS? YES NO IF YES, HOW MUCH \$_____/HR
(\$23/hr max for this grant)

DATES, HOURS, AND DAYS FOR WHICH YOU WISH TO APPLY FOR FUNDING: _____

Thank you for your cooperation and participation. This program aims to help our local museums and buildings remain open during our peak tourism season, primarily on Saturdays and Sundays from May to October.

When submitting a request for a donation, please include the name of the volunteer, their hours, and the days they worked. It is necessary to submit your request monthly so that we can budget accordingly.

We want to accommodate all requests to the best of our ability; however, funding is limited. The CVB will donate to your organization, and your organization will handle any docent stipend payments.

Please note that it takes us two weeks to process checks, and requests for donations turned in at the end of the month may not be processed until the following week.

This program is intended for volunteer docents, not paid museum employees. This program will be used for docents during regular museum hours and not for special events or fundraisers.

Email request to Susan Crowell at **Susan@travelwv.com**.

Signature: _____ Title: _____