



New Docent Registration - 2025

Name: _____

Address: _____

Home Phone Number: _____ Cell Phone Number: _____

Best number to reach you: Home Phone ___ Cell Phone

Best time of day to reach you: ___ Mornings Afternoon Evenings

Email Address: _____

Please check the days you would be available to volunteer:

Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____ Sun _____

Why are you interested in becoming a trained volunteer for Konza Prairie?

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?

Save this form on your computer as a PDF and email it to:
Konzaed@ksu.edu