Welcome to the Historical Museum! 
We look forward to welcoming you aboard our awesome volunteer crew. 
Please take a minute to fill out this form and tell us about you.

Volunteer Application

Name ________________________________________________________________

Address ____________________________ City __________ State _____ Zip________

Phone ____________________________ Email Address________________________
  (please check your preferred means of contact)

Emergency Contact (name, phone, email)

_________________________________________________________________________

Why are you interested in volunteering
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

Background, occupation, relevant experience
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

Please provide two references that are familiar with your work:

Name ____________________________ Phone or email ____________________
Name ____________________________ Phone or email ____________________
What areas are you interested in helping with? Check all that apply.

____ Museum store and front desk
____ Special Events
____ Adult or Youth programming (circle)
____ Exhibits – installs, construction
____ Tours and Museum Interpretation
____ Grounds maintenance
____ Curatorial Support
____ Social media, marketing
____ Photography
____ Other (describe below)

______________________________________________________________________________

_______________________________

Times Available
___ Weekdays ___ Weekends
___ Occasional ___ Seasonal
___ All year ___ One time only, special event

Days and times
Monday __________ Friday __________
Tuesday __________ Saturday __________
Wednesday __________ Sunday __________
Thursday __________

How did you hear about us?
____ Radio
____ Friend
____ Social Media
____ Other

Is there anything else you would like to tell us about yourself?
______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Please return this completed form to:

Carolyn Thompson
HMFM
3400 Captain Rawn Way
Missoula MT 59804
cthompson@missoulacounty.us

Questions? Call 258-3478

Thanks for your interest in HMFM! We look forward to working with you!