



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.

- | | |
|--|--|
| <input type="checkbox"/> Museum store and front desk | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Adult or Youth programming (circle) | <input type="checkbox"/> Exhibits – installs, construction |
| <input type="checkbox"/> Tours and Museum Interpretation | <input type="checkbox"/> Grounds maintenance |
| <input type="checkbox"/> Curatorial Support | <input type="checkbox"/> Social media, marketing |
| <input type="checkbox"/> Photography | <input type="checkbox"/> Other (describe below) |
-
-

Times Available

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> Weekdays | <input type="checkbox"/> Weekends |
| <input type="checkbox"/> Occasional | <input type="checkbox"/> Seasonal |
| <input type="checkbox"/> All year | <input type="checkbox"/> 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!