VOLUNTEER APPLICATION



Date:	MOSLOW
First Name:	Last Name:
Address:	City, State, Zip:
Phone:	Email:
What position(s) are you interested [] Special Events Assistant [] Collections Assistant [] Education – Assistant [] Communications Assistant [] Auction Committee/Event	Classroom Helper (circle your preference)
Summary of Work and/or Volunteer	experience:
What are your special skills, educati	on, interests, and hobbies that might help you as a MAM volunteer?
Why do you want to volunteer at th	e Missoula Art Museum?

2022

How did you learn about the MAM volunteer program? What sort of time commitment would you like to give to MAM? What is your availability?			
Please list two references:			
Name	Email	Phone	
Name	Email	Phone	
Emergency Contact:			
Name	Email	Phone	
As a Missoula Art Museum Volunteer I	will:		
	n nen possible) if unable to cove any concerns, criticisms, or pro lity for the Missoula Art Muse the public by engaging audie	oblems I may encounter	
SIGNATURE:		DATE:	

If you are emailing this form, you can leave the signature line blank. Submit your application via email to info@missoulaartmuseum.org with the subject line "Volunteer Application"

2022