

Ravalli County Museum & Historical Society VOLUNTEER FORM

Name: _____ Phone: _____ Date _____

Email Address: _____

Address: _____

City: _____ State: ___ Zip: _____

Emergency Contact: _____ Phone: _____

SKILLS AND INTERESTS Educational Background: _____

Current Occupation: _____

Hobbies, Interests, and Skills: _____

Previous Volunteer Experience:

IS THERE A PARTICULAR TYPE OF VOLUNTEER WORK IN WHICH YOU ARE INTERESTED? Check all that apply.) Receptionist Exhibits

Bitter Root Day Special Projects Collections Other

McIntosh Apple Day Grant writing Video/Oral history

Archives Membership Fund Raising Research Interpretation

Mailings Other: _____

AVAILABILITY: At what times are you interested in volunteering Flexible

Prefer weekdays Prefer weekends

HOW DID YOU HEAR ABOUT US?

IS THERE ANYTHING MORE YOU WOULD LIKE US KNOW ABOUT YOU?

Please return to the Ravalli County Museum & Historical Museum, 205
Bedford, Hamilton MT 59840 or email to museum@ravallimuseum.org