

VOLUNTEER APPLICATION

Date:_____

FIRST NAME:	LAST NAME:
ADDRESS:	CITY, STATE, ZIP:
PHONE:	EMAIL:
What position(s) are you into	erested in?
[] Special Events Assi	
[] Collections Assista	
[] Education Assistan	
[] Communications A	
[] Auction Committee	/Event Volunteer
[] Administrative Volu	inteer (Mailings, etc.)
Summary of Work and/or Vo	lunteer experience:
What are your special skills,	education, interests, and hobbies that might help you as a MAM volunteer?

Why do you want to volunteer at the Missoula Art Museum?

How did you learn about the MAM vo	olunteer program?				
What sort of time commitment would you like to give to MAM? What is your availability? Are you a MAM member? Circle one: YES NO					
NAME	EMAIL	PHONE			
NAME	EMAIL	PHONE			
Emergency Contact:					
NAME	EMAIL	PHONE			
As a Missoula Art Museum Volunteer I	will:				
 supervisor about any concerns Take ownership and responsibi MAM Mission: MAM serve 		ncounter n mission: ces and artists in the exploration	n of		
contemporary are relevant	and community, state and regi	o Ith un bound of birectors, I	-555		
SIGNATURE:		DATE:			

f you are emailing this form, you can leave the signature line blank. Submit y Grissom-Kiely at <u>kay@missoulaartmuseum.org</u> with the subject line "Educatio	