



Volunteer Application Form

Interested in volunteering with the Museum at Central School?

Please complete this application and return it to:

NW Montana Historical Society

124 Second Ave. East, Kalispell, MT 59901

CONTACT INFORMATION

Your Name: (Please Print) _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

I prefer to be contacted via: Cell Home Email No Preference

Emergency Contact: _____ Phone: _____

ABOUT YOU

Areas of Interest (How would you like to help the museum?)

- | | |
|---|--|
| <input type="checkbox"/> Acquisitions/Research: <ul style="list-style-type: none"><input type="checkbox"/> Cataloging<input type="checkbox"/> Data Entry<input type="checkbox"/> Oral Histories (recording & transcription)<input type="checkbox"/> Photo ID/Research<input type="checkbox"/> Storage Classification<input type="checkbox"/> Textiles & Clothing | <input type="checkbox"/> Grant Writing (experienced) |
| <input type="checkbox"/> Bartending (state-approved class & license required) | <input type="checkbox"/> Hosting after hours |
| <input type="checkbox"/> Book Club | <input type="checkbox"/> Marketing/Advertising/Social Media |
| <input type="checkbox"/> Carpentry/Construction/Handyman | <input type="checkbox"/> Providing baked goods/food for events |
| <input type="checkbox"/> Classes | <input type="checkbox"/> Quilt Workshop |
| <input type="checkbox"/> Computer Work (Word, Excel, PowerPoint) | <input type="checkbox"/> Sign Language Interpreting |
| <input type="checkbox"/> Docents/Tours | <input type="checkbox"/> Snow Shoveling |
| <input type="checkbox"/> Education/Teaching (1895 Classroom) | <input type="checkbox"/> Special Events: <ul style="list-style-type: none"><input type="checkbox"/> Project Management (planning, coordination)<input type="checkbox"/> Staffing (food service, ticket sales)<input type="checkbox"/> Preferred Event(s):<ul style="list-style-type: none"><input type="checkbox"/> Teas<input type="checkbox"/> Lectures<input type="checkbox"/> Taste of Kalispell |
| <input type="checkbox"/> Filing/Office Organizational Skills | <input type="checkbox"/> Welcome Desk |
| <input type="checkbox"/> Fundraising (experienced) | <input type="checkbox"/> Yard Work/Gardening |
| <input type="checkbox"/> Gift Shop Staff | <input type="checkbox"/> Other: |



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Availability *(Please indicate when you're able to volunteer)*

- | | | | |
|-----------------------------------|--------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> January | <input type="checkbox"/> April | <input type="checkbox"/> July | <input type="checkbox"/> October |
| <input type="checkbox"/> February | <input type="checkbox"/> May | <input type="checkbox"/> August | <input type="checkbox"/> November |
| <input type="checkbox"/> March | <input type="checkbox"/> June | <input type="checkbox"/> September | <input type="checkbox"/> December |

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours <i>(list times)</i>							

What previous volunteer experience do you have?

Why do you want to volunteer at the museum?

VOLUNTEER AGREEMENT

As a volunteer at The Museum, I agree to:

- Perform my volunteer duties to the best of my ability and according to the description of the position
- Maintain the confidentiality of all information I may encounter at the Museum, including names, addresses, phone numbers, and any other personal information
- Complete any required trainings for my position and attend volunteer orientations & meetings when possible
- Keep my contact information current & complete all required paperwork in a timely manner, including time sheets and data forms about my volunteer interests
- Call the person in charge at least 48 hours in advance if I'm unable to follow through on my volunteer commitment, and understand that if I miss three shifts without notice, my volunteer status may be revoked
- Treat all people with dignity and respect, and be open to people of all ages, races, sizes, faiths, abilities, gender expressions, sexual orientations, and economic and cultural backgrounds

I understand that I will not receive any financial compensation for the work I perform for the Museum, and I will refrain from soliciting business for myself or others while volunteering.

Signature

Date