



# Volunteer Application

225 W. Front St., Missoula MT 59802  
406.541.PLAY www.familiesfirstmontana.org

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Street City State Zip

Phone #: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Date of Application: \_\_\_\_\_ Date Available to Begin Volunteering: \_\_\_\_\_

Birthday (no need to provide the year, just the day please!): \_\_\_\_\_

Availability (days and times): \_\_\_\_\_

Why would you like to volunteer for the Children's Museum? \_\_\_\_\_

How did you hear about the Children's Museum? \_\_\_\_\_

Skills, Talents and/or Special Interests: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
Name Relationship Phone #

Which positions would you be interested in volunteering for? Check all that apply.

*Some tasks may require lifting, bending, walking or standing for periods of time.*

- Museum Guide       Special Events
- Birthday Party Host       Committees
- Helping Hand       Other \_\_\_\_\_

Are you currently CPR certified?  Yes  No      First Aid certified?  Yes  No

Have you been convicted of a crime involving abuse or neglect, including sexual abuse, physical assault, or other acts of violence?  Yes  No

Have you been named as a perpetrator in a substantiated report of child abuse or neglect?  Yes  No



Please list **3 references** who could speak on behalf of your character, ie: employer, colleague, or friend  
(please do not list family members).

<u>Name</u>	<u>Relationship</u>	<u>Phone #</u>	<u>Length of Time Known</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Please complete, attach a resume, and return to:

Volunteer Coordinator, The Children's Museum Missoula, 225 W. Front St. Missoula, MT 59802.

Visit our website ([www.familiesfirstmontana.org](http://www.familiesfirstmontana.org)) or call us for more information. After we have received your application we will contact you to discuss opportunities available in your areas of interest.

**THANK YOU FOR YOUR INTEREST! Volunteers make a world of difference!**

FOR OFFICE USE ONLY

Initial contact: \_\_\_ / \_\_\_ / \_\_\_      Start Date: \_\_\_ / \_\_\_ / \_\_\_      Notes: