

THE HERITAGE MUSEUM ~ 34067 U.S. Highway 2 ~ P.O. Box 628 ~ Libby, MT 59923

## **VOLUNTEER INFORMATION**

Name:	Date of Birth:		
Address:			
Phone: (Home)	(Work)	(Cell)	
E-mail Address:			
Occupation:	cupation: Employer:		
Emergency Contact:		Phone:	
What special skills might yo	u offer the museum?		
Check your areas of interest	in volunteering at the museu	ım:	
<ul> <li>□ Special Events (i.e. Open</li> <li>□ Archives – cataloging, da</li> <li>□ Autos – Model T's, Buffald</li> <li>□ Exhibits – working with the improve static exhibits</li> <li>□ Railroad – working on reb</li> <li>□ Office Work – (filing, data</li> </ul>	owing, raking, etc.) umbing, painting, etc.) getables cookhouse interiors al events nt information to local and/or ing Day, Holiday Bazaar, Voluta entry, research. Computer o Fire Engine e exhibit committee to plan ar	unteer Appreciation) skills helpful.  nd execute new exhibits and maintain and/or rolling stock and related equipment	
Availability: (Days & Hours)			
Are you interested in becom	ing a member of one of our co	ommittees?	
Please read and sign below	w:		
Museum, Inc. does not carry	insurance such as Worker's	c. (The Heritage Museum) is unpaid and Compensation on volunteers. If I am injured sible for my own medical bills.	
I understand that as a volun	teer at The Heritage Museum	, I may be subject to a background check.	
Signed:		Date:	