



FIRST NIGHT COMMITTEE APPLICATION

Date: _____

Please submit by email to sara@missoulacultural.org or print and mail to: MCC, P.O. Box 7662, Missoula, MT 59807. Thanks for your interest!

Last Name _____	First Name _____
Address _____	City, State, Zip _____
Phone _____	Email _____

Why do you want to volunteer with First Night Missoula?

Summary of work and/or volunteer experiences:

What are your special skills, education, interests or hobbies that would contribute in the planning of First Night Missoula?

Please list two people (not relatives) who can provide a reference for you:

_____	_____	_____
Name	Address	Phone
_____	_____	_____
Name	Address	Phone

Signature: _____
Date: _____