



Montana Association for the Blind

1802 W. Park, Anaconda, MT 59711 406-442-9411

Thank you for your interest in volunteering with us! We need volunteers for special events, rides for members, and for on-going projects. By volunteering with the MAB, you will be helping the blind and visually impaired population of Montana.

If this form is not accessible: [Click Here](#)

Date: _____

Name: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____ Cell phone: _____

Emergency Contact (Name/Phone): _____

Relationship: _____

Reference (Name/Phone): _____

Relationship: _____ Email: _____

Areas of Interest/Expertise: _____

Date available to start volunteering: _____

Number of hours desired: _____

Days/Times available: _____

What, if any, accommodations will be necessary for you to volunteer?:

Why would you like to volunteer with the MAB? _____

Have you done volunteer work before? _____

If yes, what type and where? _____

How did you hear about the Montana Association for the Blind?: _____

When finished with this form, please email it to:

[mailto:mabadmin@mabsop.org ?subject=volunteer form from website](mailto:mabadmin@mabsop.org?subject=volunteer form from website) or
mail it to: Montana Association for the Blind, 1802 W. Park, Anaconda, MT
59711

If you have any questions, please feel free to call us at: 406-442-9411

Again, thank you for your interest in volunteering!