



Superhero Squad Application Form

Date: _____ Email: _____

Name: _____ Phone: _____

Address: _____

Please tell us why you wish to be part of The Squad:

Please tell us about any experience, skills, education, knowledge you possess that would benefit The Squad if you were a member:

Are you willing and able to commit to the time required for The Squad (estimated at one meeting per month with some possible work in between)?

Thank you for your application. Please return to the museum via email, bchs@frontier.com, via mail, or in person, 611 S. Ella Ave. Sandpoint, ID 83864. We will be in touch once we have made a decision.