

# VOLUNTEER APPLICATION



## AVIATION MUSEUM OF NEW HAMPSHIRE

Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone (Cell and/or Home): \_\_\_\_\_

Email: \_\_\_\_\_

Area of Interest: \_\_\_\_\_

Experience: \_\_\_\_\_  
\_\_\_\_\_

Special Skills: \_\_\_\_\_  
\_\_\_\_\_

Reference Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Applicants Signature: \_\_\_\_\_

Mail Application to: Aviation Museum of NH, 27 Navigator Road, Manchester, NH 03053

Attn: Wendell Berthelsen

or

Email the above Information to Wendell Berthelsen at: [wberthelsen@nhahs.org](mailto:wberthelsen@nhahs.org)