



**Volunteer Application**  
**Manchester Historic Association**  
**200 Bedford Street**  
**Manchester, NH 03101**

**Please Print**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

**Experience/Skills:**

Please tell us about your current or previous work experience:

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Please tell us about any previous volunteer work you may have done:

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Do you have any other skills or education that would be beneficial to a volunteer role at the Manchester Historic Association?

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**Interests:**

Why are you interested in volunteering for the Manchester Historic Association?

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How did you hear about our volunteer program? \_\_\_\_\_

To help us determine the best volunteer role for you, please circle all areas that interest you:

Front Desk/Gift Shop

Docent

Office Work

School Programs

Special Events

**Availability:**

Please indicate the times that you are available:

*Note: The Millyard Museum is open Tuesdays-Saturdays*

	Tuesday	Wednesday	Thursday	Friday	Saturday
AM					
PM					

How many days per week would you like to volunteer? \_\_\_\_\_

**References:**

List two persons who can be contacted to give a reference on your behalf:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_

**Background Check:**

\_\_\_\_\_ I give authorization to the Manchester Historic Association to conduct a background check.

**Please sign and date below after reading the following statement:**

I certify that the above information is true and accurate to the best of my knowledge. I understand that false statements on this application are grounds for dismissal as a volunteer.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please return your completed form to the Museum Educator, Manchester Historic Association:

200 Bedford St.  
Manchester, NH 03101  
603-622-7531  
Fax (203) 432-9816  
[history@manchesterhistoric.org](mailto:history@manchesterhistoric.org)