



NARROMINE AVIATION MUSEUM – VOLUNTEER EXPRESSION OF INTEREST FORM

APPLICANT INFORMATION

Name:

Postal Address:

City:

State:

Postcode:

Mobile Phone:

Phone:

Email Address:

AVAILABILITY / ROSTER PREFERENCE

Monday: AM PM Willing to assist full day

Wednesday: AM PM Willing to assist full day

Thursday: AM PM Willing to assist full day

Friday: AM PM Willing to assist full day

Saturday: AM PM Willing to assist full day

Sunday: AM PM Willing to assist full day

Shifts per month: 1 2 3 4

PLEASE RETURN THIS COMPLETED FORM TO:

NARROMINE AVIATION MUSEUM

PO Box 122, Narromine NSW 2821

Or email to: volunteers@narromineaviationmuseum.org.au

Please allow up to 4 weeks for someone to contact you in relation to your application.