

**CONSUMER PROTECTION AND ANTITRUST BUREAU  
CONSUMER AFFAIRS SPECIALIST  
APPLICATION**

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

\_\_\_\_\_  
MI

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
Town & Zip Code

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Email Address

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

\_\_\_\_\_  
Languages spoken

\_\_\_\_\_  
Type of computer skills

I am interested in joining the next Consumer Affairs Specialist training program.

**YES NO**

Please keep me on your mailing list of potential future Consumer Affairs Specialists even if I am unable to participate in the next program or am not selected for the program.

**YES NO**

I have read the materials included in this application packet.

**YES NO**

If selected for the program I will commit to completing the required training and to work a minimum of 6 hours each week for 52 weeks after training is over, unless serious personal or professional obstacles make my participation impossible.

**YES NO**

**EDUCATION**

Beginning with your high school, please list the name, address, city and state of all educational institutions from which you have attended and/or graduated. Please also list any educational programs that you may have attended as a member of the armed services or in connection with your work. Please also list any Certificates or Professional licenses that you may hold.

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**EMPLOYMENT**

Please list your employment history.

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**VOLUNTEER AND OTHER EXPERIENCE**

Please describe any experiences in your life that you feel will be useful if you are selected for training as a Consumer Affairs Specialist. Please also include any prior service as a volunteer. Please refer to Consumer Protection Website at [www.doj.nh.gov/consumer](http://www.doj.nh.gov/consumer) for description of the Bureau.

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**ADDITIONAL COMMENTS**

Please use the space provided below if you would like to explain any of your responses to the questions on this form in more detail or if you would like to make any other comment.

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**How did you hear about our Volunteer Program?**

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I certify that all of the information that I have provided on this form to the New Hampshire Office of the Attorney General is true and accurate.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**PLEASE RETURN TO:**

Volunteer Coordinator  
Consumer Protection Bureau  
Office of the Attorney General  
33 Capitol Street  
Concord, NH 03301  
Phone: (603) 271-3643  
[DOJ-CPB@doj.nh.gov](mailto:DOJ-CPB@doj.nh.gov)