

The Susan B. Anthony House  
**VOLUNTEER APPLICATION**

Date: \_\_\_\_\_ Birthdate (month/day only): \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone: Day \_\_\_\_\_ Evening \_\_\_\_\_ Cell \_\_\_\_\_

E-mail \_\_\_\_\_

Name as you would like it to appear on your nametag \_\_\_\_\_

Person to contact in case of an emergency while you are volunteering here:

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

Please indicate the days and hours you are available:

Tu \_\_\_\_\_ W \_\_\_\_\_ Th \_\_\_\_\_ Fr \_\_\_\_\_ Sa \_\_\_\_\_ Su \_\_\_\_\_

Which volunteer opportunities are you most interested in?

Docent  Museum Shop  Receptionist

Have you ever volunteered before? \_\_\_\_\_ If yes, where? \_\_\_\_\_

What were your responsibilities \_\_\_\_\_

Please describe any special needs that we should know about \_\_\_\_\_

How did you hear about volunteer opportunities at the Susan B. Anthony House? \_\_\_\_\_

Describe your interest in volunteering at the Susan B. Anthony House \_\_\_\_\_

Special interests, talents, skills, and hobbies that you would be willing to share with the Susan B. Anthony House \_\_\_\_\_

Current employer \_\_\_\_\_ Duties \_\_\_\_\_

Please provide two references:

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Please mail, fax, or e-mail this application to:



Sue Gaffney  
Susan B. Anthony House  
17 Madison Street  
Rochester, NY 14608  
Telephone: 585-235-6124, ext. 16 Fax: 585-235-6212  
E-mail: [sgaffney@susanbanthonyhouse.org](mailto:sgaffney@susanbanthonyhouse.org)

***Thank you for your interest in the Susan B. Anthony House!***