

VOLUNTEER APPLICATION

THE NATIONAL
SUSAN B. ANTHONY
MUSEUM & HOUSE

Application Date: _____

Name _____

Address _____

City _____ State _____ Zip _____

Telephone: Day _____ Evening _____ Cell _____

E-mail _____

Name as you would like it to appear on your nametag: _____

Birthdate (month/day only): _____

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:

Tuesday Wednesday Thursday Friday Saturday Sunday

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, including dietary restrictions: _____

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:

Sara R. Meinhold

Volunteer Coordinator

National Susan B. Anthony Museum & House

17 Madison Street • Rochester, NY 14608

585.235.6124 • Email: sara.meinhold@susanbanthonyhouse.org

Thank you for your interest in the National Susan B. Anthony Museum & House!