



# Susan B. Anthony Birthplace Museum

## Volunteering Opportunities

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_

**State, Zip Code** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Email:** \_\_\_\_\_

***Check all that apply:***

- Docent / Tour Guide (*will be trained*)
- Planning Committee
- Gift Shop/ Visitor Center
- Cleaning
- Phone Calling
- Carpentry
- Gardening
- Office Work
- Other: \_\_\_\_\_

***How did you hear about us?***

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***What is your availability?***

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***What is the best time of day and way to reach you?***

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Please return completed form to:  
Susan B. Anthony Birthplace Museum  
PO Box 244 Adams, MA 01220

For Office Use — Notes: