

**Volunteer Application**  
Susan B. Anthony Project, Inc  
179 Water Street  
Torrington, CT 06790  
860-489-3798

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth (if under 18): \_\_\_\_\_ E-mail: \_\_\_\_\_

What is the best way to contact you between 8:30 - 4:30? \_\_\_\_\_

May we add you to our mailing list? Yes \_\_\_ No \_\_\_ May we add you to our e-mail list? Yes \_\_\_ No \_\_\_

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What is your occupation? \_\_\_\_\_

What days and hours are you available to volunteer?

Sundays Hours: \_\_\_\_\_

Mondays Hours: \_\_\_\_\_

Tuesdays Hours: \_\_\_\_\_

Wednesdays Hours: \_\_\_\_\_

Thursdays Hours: \_\_\_\_\_

Fridays Hours: \_\_\_\_\_

Saturdays Hours: \_\_\_\_\_

Sundays Hours: \_\_\_\_\_

How long of a commitment are you able to make? \_\_\_\_\_ 6 months \_\_\_\_\_ 1 year \_\_\_\_\_ more than 1 year

Do you have a car? \_\_\_\_\_

Check your primary area of interest: \_\_\_\_\_ Domestic violence  
\_\_\_\_\_ Sexual Assault  
\_\_\_\_\_ Office Support Staff  
\_\_\_\_\_ Special Events/Fundraising  
\_\_\_\_\_ Not sure, need more information

Thank you for your interest.  
You will be contacted shortly by one of our volunteer coordinators.