



Volunteer Information Sheet

Name: _____ Birthday: __/__/____
Address: _____ City: _____ State: ____ Zip: _____
Phone: (home) (____) ____ - _____ Email: _____ @ _____ . _____
(work) (____) ____ - _____
(cell) (____) ____ - _____ What's your primary method of transportation?
(car, bike, strong legs, Metro) _____
What is the easiest way to reach you? (cell phone, email, etc.) _____
Current Occupation (if you are a student, what school are you currently attending?):

EMERGENCY CONTACT INFORMATION

Name: _____ Name: _____
Relation: _____ Relation: _____
Phone: (____) ____ - _____ Phone: (____) ____ - _____

AVAILABILITY

Frequency (weekly, semi-weekly, monthly, when available): _____
During an average week, when would you be available to volunteer? (day, morning, afternoon, evening):

In what areas are you interested in volunteering? Circle all that apply to you.

Student Mentoring Office Needs Advertising Graphic Design
Special Events Grant Writing Fundraising Computer Work
Why do you want to volunteer with Studio STL?

Why, in your opinion, would you be a good addition to the Studio STL team? What qualities do you have that will contribute to the literary and creative environment of the organization?

How did you hear about us? (Internet, Friend, Participated in a Past Trivia Night, School, etc):

