



a literary arts center for students & community

# Volunteer Information Sheet!

Name: \_\_\_\_\_

Birthday: \_\_/\_\_/\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (home) (\_\_\_\_) \_\_\_\_-\_\_\_\_\_  
(work) (\_\_\_\_) \_\_\_\_-\_\_\_\_\_  
(cell) (\_\_\_\_) \_\_\_\_-\_\_\_\_\_

Email: \_\_\_\_\_@\_\_\_\_\_.\_\_\_\_\_

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):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_