



## VOLUNTEER APPLICATION

### PERSONAL INFORMATION

Name: \_\_\_\_\_ Preferred Pronouns: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

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

Organization/School (if applicable): \_\_\_\_\_

### EMERGENCY CONTACT

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

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

### SCREENING

Are you registered with the Missouri Department of Health and Senior Services' Family Care Registry? \_\_\_\_\_  
*(All volunteers must pass a background screening and orientation prior to beginning their service)*

### AVAILABILITY

Which hours are you available to volunteer?

Weekday Mornings       Weekday Afternoons       Weekend/Evening (special events)

### INTERESTS

Adult Open Studio                       Guest Artist Workshops  
 Youth Open Studio                       Events  
 Administration                       Other:

### OPTIONAL DEMOGRAPHIC INFORMATION

Self-Identified Race \_\_\_\_\_

Self-Identified Gender \_\_\_\_\_

All information will be kept confidential. This information helps us in our grant application process.

### SIGNATURE

Signature of volunteer: \_\_\_\_\_ Date: \_\_\_\_\_