

The St Lawrence Arts & Community Center Volunteer Questionnaire

1. **NAME:** _____

2. **ADDRESS:** _____

3. **PHONE NUMBERS:** Home _____ work _____ cell _____ beeper _____

4. **EMAIL:** home _____ work _____

5. **BEST WAY TO CONTACT YOU:** _____

6. **BEST TIME TO CONTACT YOU** _____

7. **VOLUNTEER INTERESTS**

House management _____ Box office _____ Concessions _____ Lighting _____ Sound _____
Fundraising _____ Publicity & promotions _____ Office/computer _____ Data Entry _____
Envelope stuffing/labeling/Bulk Mailing _____ Bottle redemption _____ Cleaning & maintenance _____
Painting _____ Carpentry _____ Other(s) _____

8. **AVAILABILITY:** Are you available regularly (scheduled) or periodically? _____

Week DAYS and Times _____

Week NIGHTS and Times _____

Week END DAYS and Times _____

Week END NIGHTS and Times _____

9. **QUALIFICATIONS AND EXPERIENCE:** Please list and describe any areas of skill and training that you think would be helpful to the St Lawrence.

10. **CURRENT EMPLOYMENT:**

11. **REFERENCES:**

Name: _____

Address: _____

Phone: _____

Name: _____

Address _____

Phone _____

12. **IN CASE OF EMERGENCY CALL?**

Name _____ Relationship (family/friend) _____

Work # _____ Home # _____ Cell # _____