



JAZZ ST. LOUIS VOLUNTEER APPLICATION

Please print this document, fill it out, and fax it to the attention of Adam Stefo at 314-571-6004 or mail to Jazz St. Louis, 3536 Washington Avenue, St. Louis, MO 63103. If you have any questions, please contact Adam at 314-571-6000 or adam@jazzstl.org.

Circle one: Mr. / Ms. / Mrs.

Name _____ Today's Date _____

Address _____ Apt. # _____

City _____ State _____ Zip _____ Email _____

Home Phone _____ Work Phone _____ Cell _____

Birthday (MM/DD) _____

Emergency Contact Name & Phone # _____

Present (or most recent) Employment

Company Name

Address

City State Zip

Position

Dates of Employment

Phone Number

Fax Number

Education

Name of School

City State Zip

Current Student: *High School* *College*

Number of Years Completed: _____

High School Degree: *Yes* *No*

BS/BA *MS/MA* *Ph.D.* *Other*

Major _____

Hobbies: _____

Skills: _____

Why are you interested in volunteering at Jazz St. Louis? _____

When is best for you to volunteer? Indicate your preferences by ranking your top three choices.

	<i>Morning</i>	<i>Afternoon</i>	<i>Evening</i>
<input type="checkbox"/> <i>Monday</i>	_____	_____	_____
<input type="checkbox"/> <i>Tuesday</i>	_____	_____	_____
<input type="checkbox"/> <i>Wednesday</i>	_____	_____	_____
<input type="checkbox"/> <i>Thursday</i>	_____	_____	_____
<input type="checkbox"/> <i>Friday</i>	_____	_____	_____
<input type="checkbox"/> <i>Saturday</i>	_____	_____	_____

When would you like to start? _____

What type of volunteer opportunity interests you?

- Office Work* *Writing* *Artist Transportation* *Seating at Bistro*
 Exhibit Booths *Fundraising Research* *Update Web Calendars* *Other*

Anything else you want us to know about you:

Signature _____ Date _____

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