

The Saint Louis City Open Studio and Gallery
4255 Arsenal – St. Louis, MO – 63116
scosag@gmail.com – (314) 865-0060

Volunteer Application

Name _____ Date _____

Address _____ City, ST _____
Zip _____

Email _____ Home Phone _____ Cell Phone _____

Social Security Number _____ NO / YES: _____
Have you ever been convicted of a felony or are unable to work with children for any reason? If yes, explain.

Type of Service: check all that apply

- Teaching Administrative Fundraising
 Festivals Other _____

Why are you interested in volunteering for SCOSAG?

What strengths do you bring to the organization?

What activities and events are you most interested in working?

For Office Use Only:

Position: _____
Day of week: _____
Course: _____ Description: _____
Duration: Start Date: ___/___/___ Finish Date: ___/___/___