



VOLUNTEER INFORMATION FORM

Today's DATE:

STJS — Sacramento Traditional Jazz Society

___ / ___ / ___

Please complete this application to become a volunteer for the Sacramento Music Festival, and/or other STJS programs. *Please make sure emergency contact information is current and accurate.*

CONTACT INFORMATION *(Please print)*

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____

Daytime Phone (___) _____ Evening Phone (___) _____

E-Mail _____ Cell Phone (___) _____

Emergency Contact _____ Emerg. Contact Phone (___) _____

DESIRED POSITION or DUTY:

Note: A variety of our volunteer positions require walking long distances and/or standing for long periods of time.

Do you have any physical limitations? YES NO

If yes, please explain: _____

EXPERIENCE:

Previous Volunteer Position(s)/Experience: _____

Occupation (if retired what you did while employed): _____

Retail: YES/NO **Banking:** YES/NO **Customer Service:** YES/NO **Credit Card Machine:** YES/NO

Construction / Electrical: YES / NO **Sound/Recording:** YES / NO

Management: YES / NO If YES, how many years? _____ How Many Employees? _____

SHIRT SIZE (Circle One): **SM** **MED** **LG** **XLG** **XXLG** **XXXLG** **XXXXLG**

Send completed form to: **STJS (Volunteer Coordinator); 106 K Street, Suite #1; Sacramento, CA 95814.**

You will be notified by a Chairperson of your volunteer work assignment.

The information you provide is confidential and will not be sold to or shared with any other organization.

Committee _____

Chairperson _____