



# THE WRITERS PLACE

MIDWEST CENTER FOR THE LITERARY ARTS, INC.  
A non-profit literary arts organization serving the Midwest community since 1992

## Volunteer Program Application

Questions to ask before beginning this application:

- Am I interested in greeting visitors or assisting with special events?
- How much time and flexibility do I have in my schedule? Can I volunteer once a week? Every other week? Only occasionally?

### Personal information (please print)

Name \_\_\_\_\_

Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_

Telephone \_\_\_\_\_

E-mail \_\_\_\_\_

Date of birth \_\_\_\_\_

Current employer \_\_\_\_\_

Position title \_\_\_\_\_

Duties include \_\_\_\_\_

Other employment experience (briefly describe)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Note: All volunteers must be members of THE WRITERS PLACE. Membership information is available at [www.writersplace.org](http://www.writersplace.org).

### Education

Current student?  Yes  No School: \_\_\_\_\_

Highest level of education completed:

- high school
- college
- graduate

### Volunteer experience

Please describe previous volunteer experience, if any  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Areas of interest**

- |  |   |
|--|---|
| <input type="checkbox"/> Art Gallery               | <input type="checkbox"/> Marketing & Public Relations |
| <input type="checkbox"/> Departmental Assistance   | <input type="checkbox"/> Membership & Publications    |
| <input type="checkbox"/> Development & Fundraising | <input type="checkbox"/> Special Events               |
| <input type="checkbox"/> Education Programs        | <input type="checkbox"/> Web Design                   |
| <input type="checkbox"/> Finance                   | <input type="checkbox"/> Writing Groups               |

**Availability**

	Mornings	Afternoons	Evenings
Weekdays	M T W R F	M T W R F	M T W R F
Weekends	S S	S S	S S

**Background information**

Have you ever been convicted of a felony or misdemeanor other than a minor traffic violation?

- Yes  No

If so, please list:

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**Emergency contact information**

Person(s) to contact in case of emergency:

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Telephone:

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Mail completed form to:

THE WRITERS PLACE, 3607 Pennsylvania, Kansas City, Missouri 64111  
Attention: Volunteer Program

For TWP Use Only:

Date received: \_\_\_\_\_  
Start Date: \_\_\_\_\_  
Category: \_\_\_\_\_  
Inactive Date: \_\_\_\_\_  
Resignation Date: \_\_\_\_\_  
Reason for Resignation: \_\_\_\_\_