



**Thank you so much for offering to share your creative talents with trauma survivors through Artists for Trauma! Please send us a little more information about you to get the ball rolling!**

**Name**

**Address**

**City**

**State/Province**

**Zip/Postal Code**

**Email Address**

**Phone**

**Skype**

**Tell us about yourself and your artwork...**

**How did you hear about Artists for Trauma?**

**What prompted you to reach out to Artists for Trauma to become one of our volunteer artists?**

**While it's not necessary to have done so, do you have any previous experience with working with trauma survivors?**

Yes       No

**Do you have your own studio or workshop?**

Yes       No

**Would you be open to working with a student artist in your studio or workshop?**

Yes       No

**What days/times are you available to work with a student artist?**

- |                                     |                                    |
|-------------------------------------|------------------------------------|
| <input type="checkbox"/> Saturday   | <input type="checkbox"/> Wednesday |
| <input type="checkbox"/> Sunday     | <input type="checkbox"/> Thursday  |
| <input type="checkbox"/> Monday     | <input type="checkbox"/> Friday    |
| <input type="checkbox"/> Tuesday    |                                    |
| <input type="checkbox"/> Morning    | <input type="checkbox"/> Mid-Day   |
| <input type="checkbox"/> Afternoons | <input type="checkbox"/> Evenings  |

Any other availability information?

**Thank you so much for your interest, and we will be back in touch with you shortly!**