

Piercing Guild - Pin Cushion - Volunteer Application

Deadline: May 1, 2020

Contact Information

Name:	Mailing Address:
Phone:	Emergency Contact Phone/Email:
Email:	Emergency Contact Relationship*:

*Your confidentiality is important to us. In the event that we utilize your emergency contact, may we disclose your attendance at the Piercing Guild? **Yes** **No**

Background

How long have you been Play Piercing?

Level of Exp: 101 201 301 401

Please tell us about your experience with receiving needles:

Last time tested for a blood borne pathogen, such as HIV or Hepatitis:

Have you been permanently pierced? Yes No Play pierced? Yes No

Have you ever attended a blood borne pathogen class? Yes No

Do you know CPR? Yes No

Do you have a latex allergy? Yes No

Negotiation Experience

Explain what type of play you have negotiated:

What's the most important negotiation tool needed?

What's the number one thing you'd negotiate if you could only negotiate one thing?

Your experience as a pin cushion is important to us. Please share how we can support you during the class and what forms of aftercare work best for you:

Misc

How did you hear about the Piercing Guild? If referred, please provide names if able:

What interests you (most) about play piercing and increasing your knowledge of it?

Please share accessibility needs (if any):

Thank you! Please submit your completed application no later than May 1, 2020 to thepiercingguild@gmail.com.