

# Piercing Guild - Pin Cushion - Volunteer Application

*Deadline: Nov 5th, 2019*

## 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:

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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 Nov 5th to [thepiercingguild@gmail.com](mailto:thepiercingguild@gmail.com).**