



2010 Heartland International Tattoo Volunteer Application

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: _____ Cell: _____

Age: _____ T-shirt size: _____ Time Availability: _____

Do you have a valid drivers license? ___ Yes ___ No

Physical Capabilities or Limitations: _____

Professional Skills and/or Special Abilities: _____

Have you worked with the Heartland Tattoo in the past? _____

Are you interested in being a team leader? ___ Yes ___ No

How did you hear about the Heartland Tattoo? _____

Signature: _____ Date: _____