



# STUDENT VOLUNTEER APPLICATION



**15 years and older**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ zip \_\_\_\_\_ Phone # \_\_\_\_\_

Highest level of education \_\_\_\_\_

Email: \_\_\_\_\_

Current school \_\_\_\_\_ Age \_\_\_\_\_ grade \_\_\_\_\_

**Describe any relevant employment, volunteer experience, education, interests or skills that would be helpful as a volunteer at DFAC:**

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**Circle weeks available and place a check next to the program you will be able to support through your volunteering:**

**\*\*Training sessions are required: 4/27 11:00am – 12:30 ish pm and 6/1 11:00 am – 2pm\*\***

**Background Checks(fee required) and additional paperwork also required.**

Week 1- 6/3 – 7
Week 2- 6/10 – 14
Week 3- 6/17 – 21
Week 4- 6/24 – 28
Week 5- 7/1 – 5
Week 6- 7/8 – 12
Week 7- 7/15 – 19
Week 8- 7/22 – 26
Week 9- 7/29 – 8/2
Week 10- 8/5 – 9

- \_\_\_\_\_ Mini Masters preschool full day program – 8:30am – 3:30pm
- \_\_\_\_\_ Sizzlin’ summer visual arts camp – 8:30 am – 3:30pm
- \_\_\_\_\_ Arts In Motion camp - 8:30 am – 3:30pm
- \_\_\_\_\_ Mural Madness camp - 8:30 am – 3:30pm
- \_\_\_\_\_ iPad Explorations – 3:30pm – 5:30pm
- \_\_\_\_\_ Before Care – 7:30pm – 8:30pm
- \_\_\_\_\_ After Care – 3:30pm – 5:30pm

Please list two references we may contact

1.

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-	name	phone	relationship
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2.

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-	name	phone	relationship
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By signing this form I release the Dunedin Fine Art Center from any and all liability from any bodily injuries sustained, or for loss or damage of any personal articles, while of the premises or participating in any activity sponsored by the Dunedin Fine Art Center. I further agree that in the event medical attention is required due to accident or illness, the Dunedin Fine Art Center shall be permitted to seek such medical services as it deems necessary and appropriate through EMS/911 and/or local hospitals.

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participant's name and date  
(Parent/Guardian if participant is a minor)

Persons to contact in case of emergency:

Name \_\_\_\_\_ Phone(s) \_\_\_\_\_

Name \_\_\_\_\_ Phone(s) \_\_\_\_\_

Person other than parent or guardian authorized to pick up minor:

Name \_\_\_\_\_ Phone(s) \_\_\_\_\_

Please complete this form and email to: [Shannon@dfac.org](mailto:Shannon@dfac.org) or bring or mail to:

THE DUNEDIN FINE ART CENTER  
1143 Michigan Boulevard  
Dunedin, FL 34698  
(727) 298-3322