



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:

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.

name	phone	relationship
------	-------	--------------

2.

name	phone	relationship
------	-------	--------------

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.

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 or bring or mail to:

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