



# Summer Camp Student Volunteer Application (15 years and older)

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

Address: \_\_\_\_\_

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

Current School: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

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

-----  
-----  
-----  
-----

The following training sessions are required:  
April 26<sup>th</sup> 10:00 –11:30 & May 24<sup>th</sup> 10:00-1:00

Background checks (fee required) and additional paperwork required.

Circle your weeks available and place a check next to the programs you will be able to support through your volunteering.

Week 1 – 6/2 – 6/6

Week 2 – 6/9 – 6/13

Week 3 – 6/16 – 6/20  
(4-day week-No camp 6/19)

Week 4 – 6/23 – 6/27

Week 5 – 6/30 – 7/3  
(4-day week-No camp 7/4)

Week 6 – 7/7 – 7/11

Week 7 – 7/14 – 7/18

Week 8 – 7/21 – 7/25

Week 9 – 7/28 – 8/1

Week 10 – 8/4 – 8/8

\_\_\_\_\_ **I will volunteer “Wherever Needed”**

\_\_\_\_\_ **Mini Masters Preschool camp - 8:30-3:30**

\_\_\_\_\_ **Sizzlin’ Summer Visual Arts camp - 8:30-3:30**

\_\_\_\_\_ **Arts In Motion camp - 8:30 - 3:30**

\_\_\_\_\_ **Mural Madness camp - 8:30 - 3:30**

\_\_\_\_\_ **iPad Exploration camp - 8:30 - 3:30**

\_\_\_\_\_ ~~**Before Care - 7:30 - 8:30**~~ No Before Care

\_\_\_\_\_ **After Care - 3:15 - 5:30**

**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 on 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.**

-----  
**Participants name and date**  
**(Parent or Guardian signature required if participant is a minor.)**

**Persons to contact in case of emergency:**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Person other than Guardian authorized to pick up minor:**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Please complete this form and drop off or email to Shannon Pattee-**  
**[shannon@dfac.org](mailto:shannon@dfac.org)**

**The Dunedin Fine Art Center**  
**1143 Michigan Blvd.**  
**Dunedin, FL 34698**  
**727-298-3322 ext. 226**