



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 23rd 5:30 -6:30 (Thursday)

May 30th 10:00-Noon (Saturday)

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. Choices contingent upon availability.

Week 1 – 6/1 – 6/5

Week 2 – 6/8 – 6/12

Week 3 – 6/15 – 6/18
(4-day week-No camp 6/19)

Week 4 – 6/22 – 6/26

Week 5 – 6/29 – 7/3

Week 6 – 7/6 – 7/10

Week 7 – 7/13 – 7/17

Week 8 – 7/20 – 7/24

Week 9 – 7/27 – 7/31

Week 10 – 8/3 – 8/7

2 or more weeks required

_____ **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**

_____ **iPad Exploration camp - 8:30 - 3:30**

_____ **Teen Mural Madness camp - 8:30 - 3:30**

_____ **Teen Wheel (Required: Must be prior student)**
8:30-3:30

_____ **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**

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