



# MOUNT DORA CENTER FOR THE ARTS

## Summer Arts Camp Student Volunteer Application

PLEASE PRINT

FULL NAME: \_\_\_\_\_  
(First Name) (Last Name) (Date of Birth) (Sex)

ADDRESS: \_\_\_\_\_  
(Street) (Apt#) (City) (State) (Zip)

TELEPHONE: \_\_\_\_\_  
(Home Phone) (Cell Phone) (Email)

SCHOOL: \_\_\_\_\_ Grade you are entering: \_\_\_\_\_

### FAMILY INFORMATION

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's place of employment \_\_\_\_\_  
(Occupation)

Mother's place of employment: \_\_\_\_\_  
(Occupation)

In case of an emergency or illness, other persons authorized to act for parents:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Physician Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Number \_\_\_\_\_

Any known allergies \_\_\_\_\_ Explain: \_\_\_\_\_

Do you have any physical handicaps or conditions which might affect your ability to volunteer?  
 Explain: \_\_\_\_\_

Please list any talents or interest you have and would be willing to share with the center:

\_\_\_\_\_

\_\_\_\_\_  
(Parent's Signature)

\_\_\_\_\_  
(Student Volunteer Signature)

WEEK	6/4-6/8	6/11-6/15	6/18-6/22	6/25-6/29	7/9-7/13	7/16-7/20	7/23-7/27	7/30-8/3
M, A or F								

\*\*\*Please indicate under the weeks you can work: "M" for Morning, "A" for Afternoon or "F" for Full Day  
 ( Full Day 8:15 to 5:30- Morning 8:15 to 1:30- Afternoon 12:30 to 5:30)