



# 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 last attended: \_\_\_\_\_ Grade \_\_\_\_\_

### 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	6/5-6/9	6/12-6/16	6/19-6/23	6/26-6/30	7/10-7/14	7/17-7/21	7/24-7/28	7/31-8/4
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**