

Once your application has been processed, you will receive a letter in the mail confirming your participation, a junior volunteer handbook, and a form for you to sign and return which states that you have read, and agree to follow the guidelines in the handbook.

Name _____ Age _____

Grade _____ School _____

Home Address _____
Street address City, State, Zip Code

Primary Phone _____ Cell Phone (if you have one) _____

Email _____

Parent/Guardian _____

Address (if different) _____

Did you ever attend Atlantic Center’s Summer Art Camp when you were younger?

Have you ever volunteered for Atlantic Center for the Arts?
If yes, list the year/s and your duties.

List any other volunteer experience.

List any skills or abilities we should know about (babysitting, first aid training, etc.)

We ask that students commit to work a four-day week from 8:30-2:00. This provides consistency for the campers and instructors. Please check the schedule you would like to work.

DATES	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
SESSION 1: JUNE 19 – 22				
SESSION 2: JUNE 26 – 29				
SESSION 3: JULY 10 – 13				
SESSION 4: JULY 17 – 20				
SESSION 5: JULY 24 – 27				
SESSION 6: JULY 31 – AUG. 3				
SESSION 7: AUGUST 7 – 10 @ ACA'S MAIN CAMPUS				

My child has permission to volunteer at Atlantic Center for the Arts

I understand that I will be working with children ages 6-12, as well as with other teens and adults

Parent/Guardian Signature & Date

Student Signature & Date