

Junior Volunteer Service Form

Atlantic Center for the Arts Community Arts Center at Harris House
 214 S. Riverside Drive, New Smyrna Beach PHONE 386.423.1753 FAX 386.423.3137

atlantic center for the arts

Name _____ Age _____

Grade _____ School _____

Home Address _____

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, computer, photography, first aid, etc.)

Why do you want to volunteer for the children’s camp?

We ask that students work either a four-day week from 8:30-2:30 or one day a week for several weeks. This will keep our orientations to a minimum. Please list what type of schedule you would like to work.

DATES	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
SESSION 1: JUNE 15 - 18				
SESSION 2: JUNE 22 - 25				
SESSION 3: JUNE 29 - JULY 2				
SESSION 4: JULY 6 - 9				
SESSION 5: JULY 13 - 16				
SESSION 6: JULY 20 - 23				
SESSION 7: JULY 27 - 30				
SESSION 8: AUGUST 3 - 6				
SESSION 9: AUGUST 10 - 13 @ 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