2017 Art Camp Volunteer Interest and Information Form

Full Name	Email
Home Address	City Zip
	City Zip Cell (please specify)
Are you 21 years or older? If not, Age	e and Date of Birth
Occupation Emp	loyer or School
Community and/or Professional Affiliation(s)	
Education/Highest Grade or Degree	Languages spoken
Skills/Interests	
Do you have previous volunteer or work-study of If so, in what capacity? (Where, when and who	e? If yes, CDL #:experience?
	Feb 20 th —24 th —14 th ery weekday during the session(s) selected above?
yes no explain Which shift(s) are you available to volunteer? (/	
Full Day Shift Options: -OR- (Includes a 30 minute lunch break) 8:00 AM - 4:30 PM 8:30 AM - 5:00 PM 9:00 AM - 5:30 PM	Partial Day Shift Options: (Check all that apply) Morning Care 8:30 AM - 9:30 AM Morning Camp 9:30 AM - 12:00 PM Lunch Supervision 12:00 PM - 1:00 PM* Afternoon Camp 1:00 PM - 3:30 PM After Care 3:30 PM - 5:30 PM
*If you work in both a Morning and Afternoon camp, you	will have a 30 minute break during Lunch Supervision.
What are your goals for your CSMA volunteer e	xperience?