



STUDENT CAMP VOLUNTEER

STUDENT CONTACT INFORMATION:

Name (please print): _____ Today's Date: ___ / ___ / 19
 Address: _____ City: _____ State: _____ Zip Code: _____
 Telephone: (____) _____ - _____ Alt Phone: (____) _____ - _____ Email: _____
 School: _____ Grade: _____ Anticipated Graduation Date (mm/yy): _____
 Birthday (mm/dd): ___ / ___ Are you looking for community service hours for school? YES NO
 T-Shirt Size: XS S M L XL XXL Did you assist last year (2018)? YES NO
 I verify that I have completed the 9th grade as of the end of the 2019 school year. (There will be no exceptions)
PLEASE LIST ANY ALLERGIES YOU MAY HAVE _____

GUARDIAN CONTACT INFORMATION:

Guardian's Name: _____
 Telephone: (____) _____ - _____ Alt Phone: (____) _____ - _____ Email: _____
 Same mailing address as above? YES NO (of NO, please write your mailing address on the back.)
 Are you a member of the Carrollwood Cultural Center? YES NO

AVAILABILITY (circle all that apply):

- WEEK 1 June 3-7 AROUND THE WORLD
- WEEK 2 June 10-14 COSMIC CADETS SPACE WEEK
- WEEK 3 June 17-21 RAIDERS OF THE LOST ART
- WEEK 4 June 24-28 STORYTELLERS
- WEEK 5 July 1-3 GREAT OUTDOORS (No Show and Share)
- WEEK 6 July 8-12 SUPERHEROES
- WEEK 7 July 15-19 WILD WEST
- WEEK 8 July 22-26 MAD SCIENCE
- WEEK 9 July 30— August 3 MEDIEVAL MAYHEM
- WEEK 10 August -5-9 TREASURE HUNTERS

ALSO NEEDED: EARLY CARE (8:00—9:00 am) AFTER CARE (4:15-5:30 PM)

- My parent(s)/legal guardian(s) are aware of my participating in the Center's volunteer program.
- I also understand that I am responsible for my own transportation and punctuality.

AGE GROUPS

- 4-5 YRS (PRE-K) 6-8 YRS (GRADES 1-3)
 - 9-10 YRS (GRADES 4-5) 11-13 YRS (GRADES 6-8)
- PLEASE RETURN YOUR COMPLETED VOLUNTEER APPLICATION TO:

Carrollwood Cultural Center | ATTN: Ruth Levy
 4537 Lowell Road | Tampa, FL 33618
THANK YOU!