



• ST. AUGUSTINE •  
ART ASSOCIATION

# STUDENT VOLUNTEER APPLICATION

Name \_\_\_\_\_  
Last First MI

Address \_\_\_\_\_  
Street City State Zip

Primary Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

E-mail \_\_\_\_\_ Best time to reach you? \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Birthday: MM/DD/YEAR \_\_\_\_\_

Seeking Community Service Hours? \_\_\_\_\_ Form of Transportation \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION (required)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address (if dif from above) \_\_\_\_\_

Primary Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Cell Phone(\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**Areas of Interest:** Please select the areas that are of interest to you:

- Children's Summer Art Camp
- Children's After School Programs
- Jr. Docent Program
- Other \_\_\_\_\_

**SUMMER ART CAMP SESSION PREFERENCE:** # \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_

**AVAILABILITY:** Please check the days and times when you are available:

- After School     Summer     Holidays
- SUN AM PM    MON AM PM    TUE AM PM    WED AM PM
- THU AM PM    FRI AM PM    SAT AM PM

I am available to help with evening and weekend programs or events:     yes     no

How did you learn about the STAAA Volunteer Program? \_\_\_\_\_

*RELEASE: I certify the information provided is true. I understand the rules of the St. Augustine Art Association volunteer program and agree to abide by them. I hereby discharge, release and hold harmless the St. Augustine Art Association, its employees, committees, directors, volunteers and sponsors of and from any and all manner of actions, suits, damage or claims whatsoever arising from any loss, damage, injury or claims to the person or property of the undersigned. I further agree to use my best judgment in undertaking these activities, to comply with all applicable federal regulations, laws and Florida Statutes and to adhere to all safety instructions and recommendations, oral or written.*

Guardian/Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return this form to the Director, St. Augustine Art Association, 22 Marine Street, St. Augustine, FL 32084. Thank you for sharing your time and talent with the St. Augustine Art Association!