



CAMP CREATIVITY VOLUNTEER APPLICATION

(15 years and older)

General responsibilities may include acting as a classroom assistant to summer camp instructors, preparation and set-up of classroom materials, taking documentation photos, supervising children (ages 4-17 depending on camp) and preparation for end-of-camp receptions.

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Phone _____ Phone2 _____

Email _____

Current School _____ Age _____ Grade _____

Describe any relevant employment, volunteer experience, education, interests or skills that would be helpful as a volunteer at the Fitton Center’s Camp Creativity:

Please check the weeks that you are available to assist:

(Times: 9:30 am – 12:30 pm)

____ Youth Art Camp: June 20-24
 ____ Youth Art Camp: June 27-July 1
 ____ Youth Art Camp: July 11-15
 ____ Youth Art Camp: July 18-22
 ____ Youth Art Camp: July 25-29
 ____ Youth Art Camp: August 1-5

(Time: 10:00 am – Noon)

____ Kids Music Camp: June 27-July 1
 ____ Kids Music Camp: July 11-15

(Time: 1:00 – 4:00 pm)

____ Teen Art Camp: June 27-July 1
 ____ Teen Art Camp: July 11-15
 ____ Teen Art Camp: July 18-22
 ____ Teen Art Camp: July 25-29
 ____ Teen Art Camp: August 1-5

Please list two references we may contact:

1. _____
Name Phone Relationship

2. _____
Name Phone Relationship

By signing this form, I release the Fitton Center for Creative Arts from any and all liability from any bodily injuries sustained, or for loss of damage of any personal articles, while on the premises or participating in any activity sponsored by the Fitton Center for Creative Arts. I further agree that in the event medical attention is required due to accident or illness, the Fitton Center for Creative Arts shall be permitted to seek such medical services as it deems necessary and appropriate through EMS/911 and/or local hospitals.

Participant's Name and Date (Parent/Guardian if participant is a minor)

Persons to contact in case of emergency:

Name _____ Phone(s) _____

Name _____ Phone(s) _____

Person other than parent/guardian authorized to pick up minor:

Name _____ Phone(s) _____

Please complete this form and bring or mail to:

FITTON CENTER FOR CREATIVE ARTS

Attention: Education Coordinator

101 S. Monument Ave.

Hamilton, OH 45011

(513) 863-8873