

**Application for Student Volunteers
Summer Camp 2017
Kennedy Heights Arts Center**

Name: _____
 Last First MI

Address: _____
 Street Address City State Zip

Home Phone #	Cell phone #	Email Address
--------------	--------------	---------------

Date of Birth _____

School _____

Name of School	Street Address	City, State, Zip
----------------	----------------	------------------

Entering Grade _____

<u>Name of Parent(s)/Guardian(s)</u>	<u>Work Phone #</u>	<u>Home Phone#</u>	<u>Cell Phone #</u>
_____	_____	_____	_____
_____	_____	_____	_____

Have you volunteered with the Kennedy Heights Arts Center Summer Camps before?
If so, when? _____

Which camp? _____

This summer we're in need of volunteers ages 14 – 18, high school students to help Art Camp Assistants during our day camps from 9:00am – 3:00pm daily. Summer Camp runs for 10 weeks this summer. You are welcome to volunteer for more than one week. For scheduling purposes, please indicate all of the weeks that could work for you.

*Indicate which camp session(s) would work best for you:

- June 5 - 9
- June 12 - 16
- June 20 - 24
- June 26 – 30
- July 3 - July 7 (no camp on July 4th)
- July 10 - 14
- July 17 - 21
- July 24 - 28
- July 31 - August 4
- August 7 – 11

Check this box if you are interested in volunteering for Extended-Care. This runs from 2:30 – 5:30pm every day after camp. You'd help prepare snack for the campers, play games, watch movies, and do additional art activities. You can select how many days you would like to volunteer.

Essay** - Please write a brief essay on the following question in the space provided below: ***Why are you interested in volunteering at the Kennedy Heights Arts Center, and what do you hope to gain from the experience?

*Indicate which Orientation date would work best for you:

- Thursday, May 11th from 5:00 – 6:30 pm
- Saturday, May 13th from 1:00 – 2:30 pm

References:

Please list three persons not related to you, whom you have known at least one year.

****Please have one of your references fill out and send in the following Recommendation Form.****

Name	Relationship	Address and Phone	Years Known
<hr/>			
<hr/>			
<hr/>			

Please return completed application by Friday, April 14th, 2017 to the following address:

Mallory Feltz
RE: Student Volunteer Application
Kennedy Heights Art Center
6546 Montgomery Road
Cincinnati, Ohio 45213

Completed applications can be emailed to mallory@kennedyarts.org

If you have any questions, please call **513-631-4278** or email mallory@kennedyarts.org

Recommendation Form for Kennedy Heights Arts Center Summer Camp Volunteers

The position applied for is to volunteer with our summer art camps. The applicant will be expected to assist the teaching artists with all aspects of the camp including: modeling good behavior to youth ages 5-13 years, helping with art activities, daily check in and dismissal of campers, keeping attendance, and monitoring lunch-time and after-care activities.

Student Name: _____

Recommended by: _____

How long have you know the applicant, and in what capacity: _____

Please rate the student in regards to the areas listed below:

Assumes responsibility: Above Average, Average, Below Average, NA

Is motivated to achieve: Above Average, Average, Below Average, NA

Has good work habits: Above Average, Average, Below Average, NA

Has positive sense of self: Above Average, Average, Below Average, NA

Is a role model for peers: Above Average, Average, Below Average, NA

Good personal conduct: Above Average, Average, Below Average, NA

Please check one:

I highly recommend, recommend, recommend with reservation, do not recommend this student.

Please share with us any other additional information about the applicant:

Your Signature: _____

Date: _____

Thanks so much for your recommendation!