## Application For High School Students Earning Community Service Hours



Minimum volunteer age: 15. Volunteers must have a state of Florida ID or passport and will be fingerprinted at Crealdé's expense.

Please contact **Louise Thompson** with any questions at **407-420-2184** or **louisefelice356@gmail.com** 

Name:				
Address:				
Phone number:	Email address: _			
Typical Availability:				
Emergency contact name and	l phone number:			
What is your date of birth? [s	tudents must be at least 15 years	old]		
Where do you go to high sch	ool, and when will you graduate?			
How many service hours do	you need/want to earn with Crea	ldé?		
Is there a specific date in whi	ch you need to complete your ser	rvice hours?		
Do you have your own transp	portation? Yes No			
Briefly describe why you wou	ıld like to volunteer at Crealdé So	chool of Art and any art expe	rience if applicable.	
Are you able to commit to Sa	turday mornings as a classroom	assistant for 6 weeks in a row	? Yes No	
Are you able to commit to We	ednesday late afternoons as a cla	ssroom assistant for 6 weeks	in a row? Yes No	
•	ar, we are looking for volunteers			
students find their classrooms. Does your schedule permit you to volunteer from 5:00p-7:30p during the school year, several times a year?  Yes No				
Does your schedule permit yo	s a year? Yes No			
Have you taken a class or atte	Yes No No			
If yes, please explain:				
<u> </u>	eferences, preferably teachers or su tionship to you. Note: Please make		<ul> <li>not friends or relatives. Please provide n vill be contacting them.</li> </ul>	ıame,
NAME	EMAIL	PHONE	RELATIONSHIP	
Signature:		Date:		