

Waterworks Visual Arts Center

2011 SUMMER VOLUNTEER APPLICATION

Name _____ Date _____

Home Phone _____ Cell/Work _____

Mailing Address _____
Street/ PO Box City State Zip

E-Mail _____

Parent/Guardian (age 18 and under) _____
Name _____

Address _____
Street/PO Box City State Zip

School _____ Grade _____ Counselor/Art Teacher _____

Summer classes are listed at www.waterworks.org . Please complete the availability chart below. As much as possible, we will assign volunteers based on their preferences.

Available Weeks (Please circle)	Available Times (Please Circle)
June 27 through July 1	Morning Afternoon Both
July 11 through July 15	Morning Afternoon Both
July 18 through July 22	Morning Afternoon Both
July 25 through July 29	Morning Afternoon Both
August 1 through 5	Morning Afternoon Both
August 8 through 12	Morning Afternoon Both

Volunteer Signature _____

Parent/Guardian Signature _____
(If under age 18)

Please complete pages 1 & 2 and return to:
Cathy Sigmon, Education Coordinator
Waterworks Visual Arts Center 123 East Liberty St Salisbury NC 28144

Thank you for your interest in the Waterworks Volunteer Program!
www.waterworks.org education@waterworks.org 704-636-1882, ext 207

