



# Spruill Center FOR THE Arts

## SUMMER CAMP

### VOLUNTEERS NEEDED

The Spruill Center for the Arts is in need of volunteers (aged 15+) for their Summer Camp program to assist instructors and to enhance the experience for their campers (ages 5-10).

The duties and responsibilities of volunteers are as follows:

- Hours:
  - 8:45am – 3:00pm Monday
  - 9:00am – 3:00pm Tuesday - Friday
- Camp Dates:
  - Week 1: \*5/28-6/1 (4 days)
  - Week 2: 6/3-6/7
  - Week 3: 6/10-6/14
  - Week 4: 6/17-6/21
  - Week 5: 6/24-6/28
  - Week 6: \*7/1-7/5 (4 days)
  - Week 7: 7/8-7/12
  - Week 8: 7/15-7/19
  - Week 9: 7/22-7/26
  - Week 10: 7/29-8/2
- Assist with carpool in the morning.
- Assist with prepping rooms before camp and organizing rooms in the afternoon.
- Assist Creative Arts Camp (ages 5-6) and Visual Arts Camp (ages 7-10) instructors with creating sketchbooks and portfolios; organizing, prepping, and putting away art supplies; assisting with art projects as requested by the instructor.
- Assist Performing Arts Camp (ages 7-10) instructors with creating set backgrounds; helping groups with learning theatre lines, songs, and dances; designing and creating costumes.
- Assist with monitoring outdoor free time.
- Take direction from and assist Spruill Summer Camp instructors and staff as needed.
- Complete and submit the Spruill Summer Camp Volunteer Application.
- Sign up and commit to volunteering an entire week (or more) of camp.
- Dress in an appropriate manner that will allow volunteers to perform daily duties such as bending, lifting, and other interactions with supplies and campers.

If you, or someone you know, would like to volunteer this summer, please contact the Spruill Arts Camp Director to learn more about our volunteer needs: [spruillsummercamp@gmail.com](mailto:spruillsummercamp@gmail.com)



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### Summer Camp Volunteer Application

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you hear about Spruill Center for the Arts? \_\_\_\_\_

Why are you interested in becoming a volunteer for the Spruill Center for the Arts Summer Camp?  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever volunteered for the Spruill Center? Yes \_\_\_ No \_\_\_ If yes, in what capacity?  
\_\_\_\_\_

Are you volunteering to fulfill a community service commitment? Yes \_\_\_ No \_\_\_

Please list the week(s) that you are available to volunteer:

- |                            |                            |
|----------------------------|----------------------------|
| ___ May 28-May 31 (4 days) | ___ July 1-July 5 (4 days) |
| ___ June 3-June 7          | ___ July 8-July 12         |
| ___ June 10-June 14        | ___ July 15-July 19        |
| ___ June 17-June 21        | ___ July 22-July 26        |
| ___ June 24-June 28        | ___ July 29-August 2       |

Do you have previous experience working with children aged 5-10? Yes \_\_\_ No \_\_\_

Please explain \_\_\_\_\_

What skills, training, or knowledge do you have that will assist in volunteering?  
\_\_\_\_\_  
\_\_\_\_\_



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### Summer Camp Teen Volunteer Agreement

I, \_\_\_\_\_ agree to serve as a volunteer at the discretion of the  
PRINT FULL NAME

Spruill Center for the Arts program directors. I am aware of the duties and responsibilities needed for volunteering at the Spruill Summer Camp Program.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
SIGNATURE OF VOLUNTEER

### Summer Camp Parent Permission (If under 18 years of age)

Parent permission is required for any teen under the age of 18 in order to be considered as a volunteer with the Spruill Center for the Arts Summer Camp Program:

I, \_\_\_\_\_, give permission for \_\_\_\_\_  
PARENT/GUARDIAN PRINT NAME OF MINOR

to serve as a volunteer for the Spruill Center for the Arts Summer Camp Program. I am aware of the duties and responsibilities required of volunteers.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

Cell Phone: \_\_\_\_\_

**For questions pertaining to volunteering with the Spruill Center for the Arts Summer Camp Program, please contact the Camp Director: [spruillsummercamp@gmail.com](mailto:spruillsummercamp@gmail.com)**