

PALOS VERDES ART CENTER

JUNIOR VOLUNTEER PROGRAM APPLICATION

NAME _____

ADDRESS _____

CITY _____ ZIP CODE _____

TELEPHONE _____ CELL/PAGER _____

HIGH SCHOOL _____ THIS YEAR'S GRADE _____

(Volunteers must be at least 14 years of age)

PARENT/GUARDIAN'S NAME _____

Recommending Teacher's Name _____ Subject _____

(Can be another adult other than relative)

Teacher's Statement _____

LANGUAGE: Bilingual? _____ Second Language? _____

WORK/VOLUNTEER EXPERIENCE:

Place of employment/volunteering:	Dates	Duties Performed
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_____	_____	_____
_____	_____	_____
_____	_____	_____

YOUR HOBBIES AND INTERESTS:

Please write a statement about why you would like to join this program:

I agree, if accepted, to fulfill my commitment to assigned working days.

SIGNATURE _____ DATE _____

**RETURN TO: Education Coordinator
PALOS VERDES ART CENTER
5504 W. Crestridge Rd.
Rancho Palos Verdes, CA 90275**