

Wayne Art Center Teen Volunteer Program—2016/2017

Teen's Name: _____ Teen's E-mail: _____

Parent's Name: _____ Parent's E-mail: _____

Phone: _____ Cell: _____ Work: _____

Address: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____ Cell: _____

I give my permission for my teen to participate in the Teen Volunteer Program at the Wayne Art Center: _____

Teen's School: _____ Teen's Age: _____

Have you volunteered with us before?: _____

What Classes?: _____

How did you hear about this program?: _____

Please Tell Us About Your Availability:

| | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|---------------|--------|--------|---------|-----------|----------|--------|----------|
| AM (9-12) | | | | | | | |
| PM (12-4) | | | | | | | |
| EVENING (4-8) | | | | | | | |

What are your areas of interest: (children's classes) (children's workshops)
 (Birthday Parties) (family programs) (kids culinary) (special events)

Please Return this form to:

*The Wayne Art Center
 C/O children's Programs
 413 Maplewood Avenue
 Wayne, PA 19087*

For more information, please call: 610-688-3553 or E-mail: Carolyn@wayneart.org