



For Office Use Only

**STUDENT INFORMATION**

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

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

School: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

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

**PARENT INFORMATION**

Parent Name(s): \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

By signing below, I am giving permission for \_\_\_\_\_ to volunteer at the Kravis Center for the Performing Arts if selected for *ArtsCrew*.

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**

Permission is hereby granted for the free use of *ArtsCrew* participant's name and photo as listed on this form to be used in broadcasts, newspapers, brochures and any other form of communication of which use may be applied, including photos taken during *ArtsCrew* activities. \_\_\_\_\_ (parent initial)

Please submit your application to:  
Attn: Kravis Center, *ArtsCrew*  
701 Okeechobee Blvd, West Palm Beach, FL 33401  
Fax # 561.833.9630 or email [hawkins@kravis.org](mailto:hawkins@kravis.org)

**ArtCrew Application Continued**

1. What art areas are you interested in?

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2. Do you have any previous volunteer experience?    Yes    No    (If yes, please explain.)

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3. Why would you like to volunteer at the Kravis Center?

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4. Please list your availability below:

Please submit your application to:  
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