



Summer Art Camp Staff :: 2013

NAME:	DATE:					
ADDRESS:						
CONTACT NUMBERS.						
CONTACT NUMBERS: Phone: bus	fax					
hm	mobile					
Email:	DOB:					
Soc. Sec #:	Driver's Lic. #:					
Required Availability 8:30 AM – 4:30 P	M (lunch p	rovided)				
Week 1: July 22 – 27, 2013 Week 2: July 29 – August 2, 2013 Week 3: August 5 – 9, 2013	Mon Mon Mon	Tues Tues Tues	Wed Wed Wed	Thurs Thurs Thurs	Fri Fri Fri	
What Special Talents, Interests or Abil	ities Do yo	u Have?				
How can TIPS on Art best serve your i	nterests/ne	eeds:				
Favorite Food(s) and/or Food Sensitivi	ties:					
Are you certified in American Red Cros	ss Basic Wa	ater Rescue	, CPR, and/o	or First Aid? (circle any)	
Will Your Services To TIPS On Art Sup If Yes, Name of Organization:	port A Req	uirement Fo	or Communi	ty Service Ho	ours: Y N	
Welcome! Please add your servio friends to be involved too! Be invo	olved and		us we ar			
Signature:						

Please return to TIPS On Art

(All personal information is used for background checks. Everything is kept confidential and secured.) TIPS On Art is a 501(c)3 tax-exempt organization. Contributions to TIPS On Art are tax deductible.

6019 ABILENE TRAIL

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