



Eric 'RicStar' Winter Music Therapy Camp

June 13-15, 2016, and June 16-18, 2016,
8:30 a.m. - 3:30 p.m.

BuddyUp Application

(For Middle and High School Students)



Name _____ Date of Birth _____
 Address _____ City _____ State _____ Zip _____
 Phone: Home _____ Cell _____ E-mail _____
Please let us know if you do not check email regularly as it is our preferred contact method

Shirt Size:
 Small Medium Large X-large XX-large No shirt needed (I have one from a previous year)

Emergency Contact Information:
 Name _____ Relationship to you _____
 Phone: home / work / cell _____ home / work / cell _____
 Do you have any allergies / health concerns we should be aware of? Yes No
 If yes, please explain _____

Education & Interests:
 School _____ Grade (15-16 school year) _____
 Do you have a friend or family member with a disability? _____
 How did you find out about camp? _____
 I am a new / returning (check one) BuddyUp. (This will be my _____ year as a BuddyUp.)

I am available for: (Preference will be given to those who can volunteer ALL THREE DAYS of ONE or BOTH camps)
Please specify times if you cannot be there the whole day

- | | |
|---|---|
| <input type="checkbox"/> All three days of Children/Adolescent/Young Adult Camp (June 13-15) | <input type="checkbox"/> All three days of Adult Camp (June 16-18) |
| <input type="checkbox"/> Monday, June 13 _____ | <input type="checkbox"/> Thursday, June 16 _____ |
| <input type="checkbox"/> Tuesday, June 14 _____ | <input type="checkbox"/> Friday, June 17 _____ |
| <input type="checkbox"/> Wednesday, June 15 _____ | <input type="checkbox"/> Saturday, June 18 _____ |
- I can attend the **MANDATORY** volunteer training on Wednesday, June 8 from 7:00-8:30pm
 I have completed my **Background Check** for the 2016 Eric 'RicStar' Music Therapy Camp (only necessary if you will be 18 years old on the first day of camp)

What are your BuddyUp preferences while working at camp (peer camper, young camper, specific group, etc.)?

 Do you have any experience working with individuals with Special Needs, please explain?

 Do you play any instruments or sing?

RELEASE FOR VIDEO, FILM and PHOTOGRAPHS

I authorize Michigan State University to record and photograph my image and/or voice and/or that of the subject named below for use by Michigan State University Community Music School or its assignees in research, education and promotional programs. I understand and agree that these audio, video, film and/or print images may be edited, duplicated, distributed with or without charge, reproduced, broadcast and/or reformatted in any form and manner without payment of fees, in perpetuity.

Name of Volunteer _____ Signature _____ Date _____

If volunteer is under the age of 18, please have parent/guardian sign this form.

Name of Parent/Guardian _____ Signature _____ Date _____

Thank you very much for your volunteer application! After the application has been received, you will be notified within 7 days of your status as a 2016 BuddyUp! We look forward to working with you!

Please "save as" and email this form to: **Jaime Merritt** merritt33@msu.edu or Print and Mail to:
Eric RicStar Music Therapy Camp c/o BuddyUp Coordinator/Jaime Merritt, 1001 Laurence Ave, Suite D., Jackson, MI 49202.