



Eric 'RicStar' Winter Music Therapy Camp

June 13-18, 2016 • 8:30 a.m. – 3:30 p.m.

Volunteer Application



Name _____ Date of Birth _____
 Address _____ City _____ State _____ Zip _____
 Phone (Cell) _____ (Home) _____ E-mail address _____

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 _____

Camp Experience:

I am a NEW or RETURNING Eric 'RicStar' Music Therapy Camp Volunteer. (This is my _____ year volunteering)

I have volunteered for other camps in the past (please list) _____

Education and Work History:

School last attended _____

What is your major / profession _____

Do you have experience working with individuals with disabilities? _____

How did you find out about camp? _____

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 the Children/Adolescent/Young Adult Camp (June 13-15) | <input type="checkbox"/> All three days of the 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 am volunteering with my **THERAPY DOG**. My dog's name is _____
- I can host an out of town volunteer in my home
- I am from out of town and need a host to stay with in order to volunteer
- I have completed my **Background Check** for the 2016 Eric 'RicStar' Music Therapy Camp and mailed it to Risk Management.

Do you have any special interests (age group, disabilities, music experience, etc)?

Please tell us about your prior experience working with students who have special needs.

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 _____

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 Eric 'RicStar' Winter Music Therapy Camp Volunteer! We look forward to working with you!

Please "save as" and email to: Jaime Merritt (merrit33@msu.edu) OR Print and mail to:
 Eric RicStar Music Therapy Camp, C/O Jaime Merritt, 1001 Laurence Ave, Suite D., Jackson, MI 49202.