



Eric 'RicStar' Winter Music Therapy Camp

June 15-17, 2017 (for adults) • June 19-21, 2017 (for youth/adolescents/young adults)
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

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 (16-17 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 Youth/Adolescent/Young Adult Camp (June 19-21)	<input type="checkbox"/> All three days of Adult Camp (June 15-17)
<input type="checkbox"/> Monday, June 19 _____	<input type="checkbox"/> Thursday, June 15 _____
<input type="checkbox"/> Tuesday, June 20 _____	<input type="checkbox"/> Friday, June 16 _____
<input type="checkbox"/> Wednesday, June 21 _____	<input type="checkbox"/> Saturday, June 17 _____

I can attend the **MANDATORY** volunteer training on Wednesday, June 14 from 6:00-8:00pm
 I have completed my **Background Check** for the 2017 Eric 'RicStar' Winter Music Therapy Camp (only necessary if you will be 18 years old on the first day of camp) and mailed/emailed to MSU Human Resources.

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

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

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 of your status as a 2017 BuddyUp! We look forward to working with you!

Please "save as" and email this form to: **Cindy Edgerton (edgerto3@msu.edu)** OR
 Print and Mail to: **Eric 'RicStar' Music Therapy Camp c/o Cindy Edgerton, 4930 S. Hagadorn Rd., East Lansing, MI 48823**