



Eric 'RicStar' Winter Music Therapy Camp

June 14-16, 2018 (for adults)
June 18-20, 2018 (for children, adolescents, and young adults)
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' Winter Music Therapy Camp Volunteer. (This is my _____ year volunteering.)

Education and Work History:

School last attended _____

What is your major/profession? _____

How did you hear 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 18-20) | <input type="checkbox"/> All three days of the Adult Camp (June 14-16) |
| <input type="checkbox"/> Monday, June 18 _____ | <input type="checkbox"/> Thursday, June 14 _____ |
| <input type="checkbox"/> Tuesday, June 19 _____ | <input type="checkbox"/> Friday, June 15 _____ |
| <input type="checkbox"/> Wednesday, June 20 _____ | <input type="checkbox"/> Saturday, June 16 _____ |

- I can attend the **MANDATORY** volunteer training on Wednesday, June 13 from 6:00-8:00 p.m.
- 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 2018 RicStar's Music Therapy Camp and mailed/emailed it to MSU Human Resources

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 of your status as a 2018 Eric 'RicStar' Winter Music Therapy Camp Volunteer. We look forward to working with you!

Please "save as" and email to: Cindy Edgerton (edgerto3@msu.edu) OR
Print and mail to: Eric 'RicStar' Winter Music Therapy Camp, C/O Cindy Edgerton, 4930 S. Hagadorn Rd., East Lansing, MI 48823.