



# Eric 'RicStar' Winter Music Therapy Camp

June 13-15, 2019 (for adults)  
June 17-19, 2019 (for children, adolescents, and 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 (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 BuddyUp. (This is my \_\_\_\_\_ year volunteering.)

**Education:**

School \_\_\_\_\_ Grade (as of 2018-2019 school year) \_\_\_\_\_

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"/> <b>All three days of the Children/Adolescent/Young Adult Camp (June 17-19)</b> | <input type="checkbox"/> <b>All three days of the Adult Camp (June 13-15)</b> |
| <input type="checkbox"/> Monday, June 17 _____  | <input type="checkbox"/> Thursday, June 13 _____                              |
| <input type="checkbox"/> Tuesday, June 18 _____   | <input type="checkbox"/> Friday, June 14 _____                                |
| <input type="checkbox"/> Wednesday, June 19 _____   | <input type="checkbox"/> Saturday, June 15 _____                              |

- I can attend the **MANDATORY** volunteer training on Wednesday, June 12 from 6:00-8:00 p.m.
- I can host an out-of-town volunteer in my home.
- I have completed my **Background Check** for the 2019 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 people 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 BuddyUp \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

If BuddyUp is under the age of 18, please have a 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 2019 Eric 'RicStar' Winter Music Therapy Camp BuddyUp. 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.