

## Eric 'RicStar' Winter Music Therapy Camp

June 13-15, 2019 (for adults)
June 17-19 (for children, adolescents, and young adults)
8:30 a.m. – 3:30 p.m.



## **Volunteer Application**

Name					Date of Birth		
Address		City		Dity	State Zip		
Phone (Cell)_		(Home	e)	E-ma	ail 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 hav	ve one from a previous year.)	
Emergency C	ontact Information	:					
Name		Relationship to you					
Phone: ☐ hor	me / $\square$ work / $\square$ cell $\_$			$\square$ home / $\square$ work / $\square$	□ cell		
Do you have a	iny allergies / health	concerns we shou	ıld be aware of?	□ Yes □ No			
If yes, please	explain						
Camp Experie		NING Eric 'RicStar	' Winter Music The	rapy Camp Volunteer.	(This is my yea	r volunteering.)	
Education an	d Work History:						
School last att	ended						
What is your n	najor/profession?						
How did you h	ear about camp? _						
l am available			e who can voluntee		of ONE or BOTH camps)		
☐ All thr	ee days of the Chi	ldren/Adolescent/	Young Adult Cam	np (June 17-19)	☐ All three days of the	Adult Camp (June 13-15)	
☐ Monda	y, June 17				☐ Thursday, June 13		
	ay, June 18				☐ Friday, June 14		
☐ Wednesday, June 19				Saturday, June 15			
□ I can a	attend the MANDAT	ORY volunteer tra	ining on Wednesda	ay, June 12 from 6:00-	8:00 p.m.		
□ I am v	olunteering with my	THERAPY DOG.	My dog's name is				
□ I can I	nost an out-of-town	volunteer in my ho	me.				
□ I am f	rom out of town and	need a host to sta	y with in order to vo	olunteer.			
☐ I have	completed my Bac	kground Check fo	or the 2019 RicStar'	s Music Therapy Cam	np and mailed/emailed it to MS	SU Human Resources	
Do you have a	ny special interests	(age group, disabi	lities, music experie	ence, etc)?			
Please tell us	about your prior exp	erience working wi	th people who have	e special needs.			
University Confilm and/or prin	nmunity Music Scho	sity to record and p ool or its assignees dited, duplicated, d	hotograph my imag in research, educa	ition and promotional	GRAPHS that of the subject named bel programs. I understand and acced, broadcast and/or reformations	gree that these audio, video,	
Name of Volur	nteer						
Cianatura				D	oto.		

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 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.