



THE ARIZONA MAGIC OF
MUSIC & DANCE

**Arizona Magic of Music & Dance
2010 Summer Camp
Volunteer Application**

Return to: Sue Grzybowski, 4910 E. Karen Dr, Scottsdale, AZ 85254

***Note: due to number of pages, post office may require more than one stamp**

Email Sue with any questions at: sue@azmagic.org

Name: _____ Date of Birth _____

Street Address: _____ City _____ Zip _____

Email: _____ Home phone: _____

Cell phone: _____ Texting ok? _____ Y _____ N

What is the best way to contact you? _____

Do we have permission to share your email or cell phone with camp friends? _____

School or employer _____ City _____

Grade or position _____ Parent of Guardian Name: _____

Parent or Guardian home phone number _____ cell ph _____

Work ph: _____ Emergency contact person _____

Emergency contact phone number _____ Circle T-shirt Size: S M L XL

Camp Information:

Dates: June 7 to 11

Location: Christ Church, 15555 E. Bainbridge, Fountain Hills 85268

Volunteer hours: 8:30 am to 4:00pm, lunch and snacks provided

Presenting: “ Broadway Café”, A compilation of songs and scenes from several childhood favorite movies including; *Beauty and the Beast, Jungle Book, Peter Pan, Little Mermaid, Lion King* and *Grease*.

Note: We are pleased that so many individuals choose to volunteer at Arizona Magic of Music & Dance, however, due to the overwhelming number of applications we receive; we will not be able to grant positions to everyone. To aide in our selection process, please complete the following pages as thoroughly as possible and return to the address listed above by March 31, 2010. (Use the back of these forms or other paper if needed.) You will be notified of our decisions by April 19, 2010. Thank you for your interest in volunteering at Arizona Magic of Music & Dance, making “*magical possibilities for youth with disabilities!*”

Positions available: (please check the position for which you are applying)

_____ **Buddy:** work one-on-one as a buddy/friend with an assigned special needs camper ranging in age from 8 to 25. Disabilities such as; Down Syndrome, cerebral palsy, cognitive impairments, speech impairments, etc vary among campers but all, like you, have the desire to be with friends and excited to be on stage to perform. (30 positions will be available)

Buddy requirements:

- Buddies must have completed 9th grade and have not started college prior to the start of camp.
- Will need to wear solid black pants and solid black shirt (neither provided) at the final performance
- Must be available all hours of camp, attend 2 hour orientation the Sunday before camp (time to be determined) and assist with clean up of camp facility on final day.

Responsibilities include;

- enthusiastically encouraging camper throughout rehearsals, games, and art activities
- participating along with camper singing, dancing, creating art and playing games
- May included assisting camper with feeding, opening or cutting food, helping camper to keep on task, prompting or assisting them with communication, helping cleaning faces and hands
- Performing on stage with camper

Staff Support: needed in the following areas (you may check more than one area of interest):

_____ **Game Activities:** Set up , instruct and lead activities such as; carnival type games, large gross motor sports such as soccer or blow up bat and ball baseball, karaoke, charades, etc. Give buddies and campers ideas (supplied by camp) to adapt activity if gross motor or fine motor skills make tasks challenging.

_____ **Art Activities:** Set Up , instruct and lead art activities such as; scenery painting, prop making, art projects based on daily theme, etc. Give buddy and camper ideas (supplied by camp) for adapting activity if gross motor or fine motor skills make activity too challenging.

_____ **Kitchen:** assist with meal and snack preparation, includes chopping and slicing, using stove or oven, serving food and clean up.

_____ **Set Design:** Designing set backdrop, painting,

_____ **Costumes/ Makeup:** Creative planning of character costumes, may include some sewing or altering, or craft projects

_____ **Part-Time Staff Support:** assist in areas above (Buddies must be full time) List dates and times available _____

Please answer the following questions:

1) Have you volunteered with Arizona Magic before? _____ If yes, please tell us your position, year volunteered and the name of the camper you assisted (if applicable) _____

2) Describe any other volunteer or work experience that may be helpful _____

2) Do you have any theater or stage experience, singing, acting, or dancing experience? If yes please describe or if no, tell us how you will feel about participating in these areas? _____

3) Do you have any experience working with individuals with special needs? If yes, please explain, if not, please describe your feelings about this opportunity _____

4) Although our campers' ages range from 8 to 25, some of the camp activities are design at a preschool or early elementary level. Are you willing to participate and encourage your buddy in these lower level games and art?

5) If a camper is uninterested in an activity what ideas would you have for encouraging them to participate?

Volunteer Permission and Consent:

I have reviewed this application and understand the hours and responsibilities of this volunteer position.

Volunteer printed name: _____ Date _____

Volunteer signature: _____

Parent printed name (if volunteer under age 18) _____ Date _____

Parent signature: _____

Medical Information

The following questions are for record purposes only in the event of an emergency and do not affect our decision in hiring you as a volunteer.

Do you have any health concerns? (Allergies/ Asthma/ other) we should be aware of? Yes _____ No _____

If yes, please explain _____

Meals and snacks are provided. Do you have any food allergies or concerns we should be aware of? _____

Staff of Arizona Magic of Music & Dance has my permission to administer Tylenol or Ibuprofen at the request of my son/daughter.

Parent printed name _____ Date _____

Parent signature _____

Parent phone number _____

Publicity Release

This release grants or denies Arizona Magic of Music & Dance the use of persons in photographs, audio, video or electronic imagery to further the charitable and educational purposes of Arizona Magic of Music & Dance and the advancement of the interest of children and young adults with physical and mental disabilities, through but not limited to television, newspapers, website, radio and agency generated publicity formats of the person mentioned below, engaged in the activities and events sponsored by Arizona Magic of Music & Dance.

Check Only One:

____ I, the undersigned parent and/or guardian GRANT permission for _____
(print applicant's name)

to be used in the manners listed above for publicity and educational purposes.

____ I, the undersigned parent and/or guardian DO NOT GRANT permission _____
(print applicant's name)

to be used in manners listed above for publicity and educational purposes.

I have read and I understand the above set arrangement with Arizona Magic of Music & Dance.

Parent Printed Name _____ Date _____

Parent Signature: _____

Volunteer Waiver & Release of Liability

I, _____, for and in consideration of being allowed to participate as a volunteer with Arizona Magic of Music & Dance, the undersigned acknowledges that serving as such a volunteer does not constitute employment with Arizona Magic of Music & Dance for the purposes of the "Workers' Compensation Act of Arizona" and will not be entitled to any benefits pursuant to said Act.

The undersigned further acknowledges and agrees that there are inherent risks associated with volunteering in this capacity and agrees to release, indemnify, and forever defend and hold harmless Arizona Magic of Music & Dance from and against any and all demands, claims, damages, causes of action, liability, losses, lawsuits, expenses (including attorney's fees) or claims of any kind, nature or description, including ORDINARY NEGLIGENCE, without limitation, whether foreseen or unforeseen, arising directly or indirectly out of these volunteer activities. I intend that the terms of this release shall be severable.

**PLEASE MAKE SURE YOUR MEDICAL INSURANCE IS CURRENT.
BY SIGNING THIS FORM, YOU ACKNOWLEDGE THAT YOU ARE SOLELY RESPONSIBLE FOR ANY INJURIES INCURRED WHILE SERVING WITH THE ARIZONA MAGIC OF MUSIC & DANCE PROGRAMS.**

Print Name _____ Date _____

Signature _____
(If under 18 years old, must be signed by a legal parent/guardian)

Print Name _____ Date _____
(Parent or legal guardian)

Signature _____
(Parent or legal guardian)

SCREENING AUTHORIZATION

Arizona Magic of Music & Dance appreciates your interest in our program. We recognize that our program would not be possible without the support and dedication of our outstanding staff, interns, volunteers and instructors. As an organization, we also recognize the need to provide a safe environment for our participants. To provide the safest and highest quality program possible, we have been instructed by our attorneys to ask the following questions and upon hiring to perform background checks on staff, interns, volunteers and instructors. All information within this application or with regard to any background checks is confidential and will not be discussed or given out to a third party. Please answer the following questions accurately and honestly.

1. If you have not lived at your current address for 5 years or more, please list the states you have lived in during the last 10 years. _____

2. Have you been convicted of a felony? (Do not include crimes for which records are sealed or have been expunged or arrests that are no longer pending and did not result in a conviction or guilty plea.)

_____ Yes _____ No

If "Yes," furnish details of the convictions(s), including the nature of the offense, the county and state where convicted or charged; the date of conviction(s); and the sentence or fine imposed.

3. Have you been accused of child molestation, child abuse or other crimes against a minor?

_____ Yes _____ No

If "Yes," furnish details of the accusation, including the nature of the allegation(s); the name, address and telephone number of the party who accused you of the conduct; the date the allegation(s) was made; what investigation (if any) was conducted into the alleged conduct, and the result of the investigation.

Please Read the Following Paragraph before Signing This Application

I certify that the information in this application is correct to the best of my knowledge. I understand that any misstatement or omission of information will result in disqualification or, if already hired, dismissal from employment, no matter when the misstatement or omission is discovered. I authorize Arizona Magic of Music & Dance to obtain a consumer report about me, to investigate my employment history, education, criminal record, and if applicable, driving record. I agree to assist Arizona Magic of Music & Dance in obtaining background information on me by signing this authorization and any release forms necessary to obtain such information.

Applicant's Signature

Date

Parent or Guardian Signature

Date