

Young Musicians Camp: Community Service Program Application

**DEADLINE MAY 15 2011**

Please mail this completed application with fee, payable to *University of Miami*, along with the Teacher Recommendation,

TO: Sarah Neham Salz, director, Young Musicians' Camp, 12241 SW 103 Ave., Miami, FL 33176

*Circle the one(s) you are applying for:*

Counselor	Special Needs Counselor	Technical
Session A (June 20 <sup>th</sup> – July 1 <sup>st</sup> )	Session B (July 5 <sup>th</sup> – July 22 <sup>th</sup> )	Both Sessions

**Personal Data**

Name (last, middle, first) \_\_\_\_\_

Social Security Number \_\_\_\_\_ Grade (entering in Fall) \_\_\_\_\_ Age (current) \_\_\_\_\_

Address \_\_\_\_\_

Cell Phone (participant) \_\_\_\_\_ email (participant) \_\_\_\_\_

Cell Phone (parent) \_\_\_\_\_ email (parent) \_\_\_\_\_

Are you a US citizen? Y/N \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_

**Education Background**

High School \_\_\_\_\_

College \_\_\_\_\_

Major \_\_\_\_\_ (Instrument) \_\_\_\_\_

Instrumental/Vocal Study: ( # of years/ major teachers/awards & honors)  
\_\_\_\_\_

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Camps attended as a camper \_\_\_\_\_

**Previous Employment, Community Service or Leadership Experiences**

Employer \_\_\_\_\_ Position \_\_\_\_\_

Salary \_\_\_\_\_ Year \_\_\_\_\_

Contact \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_

Please list any other relevant leadership or employment experiences below:

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Young Musicians Camp: Community Service Program Application Page 2

**Personal Data part B**

Any special condition which will enter into your accepting this position?

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Have you been convicted of a crime (including traffic violations) or been imprisoned during the last seven years? (A conviction will not necessarily bar you from employment) If yes, please explain.

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Have you ever been convicted of a sex-related or child abuse related offense?

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Do you have any physical or mental disability that may limit your performance in this job ? If so, what can be done to accommodate you?

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**References**

Please list two educational, professional or references who are familiar with you, can comment on your character, the quality of your work, have worked directly with you, and have known you for at least one year. Please have one of them complete the recommendation form on the next page.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_

All participants are required to attend orientation, held during the week of June 11<sup>th</sup>, 2011. In addition to being present at the camp from 8:45 am to 4:30 pm daily, participants must also be on duty for ALL camp concerts.

I understand all the duties and requirements of this position. I declare that all of the above is true.

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

Parent/Guardian (if under 18)

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

UNIVERSITY OF MIAMI FROST SCHOOL OF MUSIC YOUNG MUSICIANS' CAMP  
COMMUNITY SERVICE PROGRAM RECOMMENDATION FORM

Name of Applicant \_\_\_\_\_

This person is applying for the Community Service Program as (circle one(s))

Counselor

Special Needs Counselor

Technical Assistant.

Name of person providing this recommendation \_\_\_\_\_

Title or position of recommender \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Please describe how long you have known the applicant and in what capacity.

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How does the candidate take direction? \_\_\_\_\_

Have you observed him/her with children? \_\_\_\_\_ If so, what age and capacity? \_\_\_\_\_

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Please comment on his/her work with children \_\_\_\_\_

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Do you recommend the candidate for this position? And why? \_\_\_\_\_

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Signature of recommender

\_\_\_\_\_ Date \_\_\_\_\_

Please send to:  
Sarah Neham Salz, Director  
Young Musicians' Camp  
12241 SW 103 Ave. Miami, FL 33176

THANK YOU FOR YOUR TIME!