

YOUNG MUSICIANS' CAMP COMMUNITY SERVICE PROGRAM APPLICATION

TO APPLY:

1. Complete this Application and email it to the camp: youngmusicianscamp@gmail.com
2. After the Camp receives your application, you will be contacted by our Student Activities Director, for a telephone or zoom interview. You will be notified by email if you are accepted into this program.

SESSION A (July 5 – July 15, 2023)

Daily Lunch is included for all participants. **NOTE: Enrollment is very limited. The deadline to apply is **MAY 1**, however, participants are accepted in the order that we receive this registration form and it may fill up before **May 1**. Applications received after **May 1** will be put on a waiting list.**

All participants are required to attend the Community Service Program Orientation: **prior to the start of Session B – date/time TBA.**

PERSONAL DATA *(Please Print)*

Name <i>(last, middle, first)</i> :		
Grade <i>(entering in Fall)</i> :	Age <i>(current)</i> :	
Address: _____ _____		
Participant Cell Phone:	Email:	
Parent Cell Phone:	Email:	
Are you a US citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Race:	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male

EDUCATION BACKGROUND

High School:	
College:	Major:
Instrument:	
Instrumental/Vocal Study <i>(Number of years / major teachers/awards & honors)</i> :	

YOUNG MUSICIANS' CAMP COMMUNITY SERVICE PROGRAM APPLICATION

Camps attended as a camper: _____ _____

PREVIOUS EMPLOYMENT, COMMUNITY SERVICE OR LEADERSHIP EXPERIENCES

Position	Salary:	Year:
----------	---------	-------

Employer:

Address:

Contact:	Phone:
----------	--------

Please list any other relevant leadership or employment experiences below: _____ _____
--

Is there any special condition which will enter into your accepting this position?
--

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

Have you ever been convicted of a sex-related or child abuse related offense? <input type="checkbox"/> Yes Please explain: _____ _____
--

Do you have any physical or mental disability that may limit your performance in this job? <input type="checkbox"/> Yes If yes, what can be done to accommodate you?

REFERENCES:

Please list two (2) 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.

Name:	Relationship:	Phone:
-------	---------------	--------

Name:	Relationship:	Phone:
-------	---------------	--------