



Let's Make a Movie CAMP 2020 Volunteer Application

June 8-13, 2020

Name: _____

Cell Phone _____ Home Phone _____

Address: _____ City/State/Zip _____

Email Address: _____

Please Note: All camp correspondence will be sent using this e-mail address above. This includes your camp information letter containing details on what to wear, what to bring, drop off/pickup instructions, etc.

Emergency Contact Person

_____ Phone _____

We will have a Short Film Viewing on Saturday, JUNE 13, 2020 at 11:00 AM. Staff should arrive by 10:30 AM.

CAMP T-SHIRT: Each participant will receive one t-shirt as part of their camp experience. Extras may be ordered.

Please circle size: YOUTH: YS YM YL ADULT: S M L XL 2XL 3XL 4XL

EXTRA SHIRTS : _____ Size _____ Quantity x \$12.00 = TOTAL \$ _____

REFUND POLICY for extra shirts:

- More than 14 days prior to camp: 100% refund.
- 8-14 days prior to camp: 50% refund.
- 7-0 days prior to camp: No refunds will be issued.

TOTAL COSTS:

Extra t-shirts \$ _____

TOTAL \$ _____

Please make checks payable to: Fitzgerald-Ben Hill Arts Council

PLEASE DELIVER THE APPLICATION to: The Depot (116 N Johnston St #4 Fitzgerald, GA 31750)
or Mail to P.O. Box 537 Fitzgerald, GA 31750

CONTACT INFORMATION

Amy Paul

Phone (229)-425-0133

Email: fitzgeraldbenhillartscouncil@gmail.com

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MEDICATIONS / ALLERGIES / MEDICAL CONDITIONS / ANYTHING ELSE WE SHOULD KNOW:

RELEASES

Please note that all releases must be signed in order for you to attend camp.

Emergency Medical Treatment Release

Should any emergency arise, every possible effort will be made to contact my emergency contact person immediately. However, if that person cannot be reached or should the situation warrant immediate medical attention, I authorize the Grand Theatre to arrange for treatment through EMS/911 and/or Dorminy Medical Center.

Signature _____ Date _____

Photo Release

I hereby allow the Grand Theatre and Arts Council to take photographs, film or video of me to be used for public relations and archival purposes only. I also allow my image and quotes to be used in any media coverage of the Summer Arts Camp (newspaper stories, etc.)

Signature _____ Date _____

Authorization to Share Image in Performance Video

I understand I will appear in the performance video which will be made available for sale during camp week.

Signature _____ Date _____

Authorization to conduct a background check

Have you ever been convicted of a felony or criminal activity? Yes/No

I hereby affirm all the preceding information included is true and correct and I have not knowingly withheld any fact or circumstance. I hereby understand that deliberate submissions of false information regarding this application can and will affect my ability to work with the arts camp. Each adult is subject to a criminal background check. We cannot accept any applicants with any form of controlled substance convictions, nor any felony convictions for crimes against a person. I give permission for this background check to be done.

SIGNED

Please submit a copy of your driver's license/official photo identification with this application.

Lunch

Due to taste differences and allergies, participants will need to bring their own lunches. Please have your name clearly marked on all packages. Snacks will be provided.