



# SUMMER ARTS CAMP 2018

## Volunteer Application

June 4-8, 2018

IMPORTANT: PLEASE COMPLETE THE ENTIRE FORM

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 Performance on Saturday, JUNE 10, 2017 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 XXL

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

Brandy Elrod

Phone (229)-426-5033

Email: [fitzgeraldbenhillartscouncil@gmail.com](mailto:fitzgeraldbenhillartscouncil@gmail.com)

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

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## 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.