

RIVERSIDE MIDDLE SCHOOL BANDS
APPLICATION FOR SUMMER BAND VOLUNTEER

PLEASE PRINT:

NAME: _____ DATE OF BIRTH: _____

PARENT/GUARDIAN NAME (if under 18): _____

MAILING ADDRESS: _____

HOME PHONE: _____ CELL. PHONE: _____

EMAIL ADDRESS: _____

T-SHIRT SIZE (CIRCLE ONE): SMALL MEDIUM LARGE X-LARGE XX-LARGE

EMERGENCY INFORMATION

Alternate name, address and telephone number(s) to be contacted in case of emergency:

ALTERNATE NAME: _____ RELATION: _____

ALTERNATE'S MAILING ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

IF UNDER 18, ALL MEDICATION MUST BE TURNED OVER TO THE MUSIC DIRECTOR, INSTRUCTOR AND/OR ADULT CHAPERONE WHO WILL DISPENSE SUCH TO THE APPLICANT WHEN REQUIRED. THIS ALSO INCLUDES ASPIRIN/TYLENOL.

Is the applicant allergic to any medication and if so, what? (i.e. penicillin, etc.)

Does the applicant have any other allergies? (i.e. bee stings, cats, dogs, etc.) Please specify:

Are there any medical problems the Band Director, Instructors, and/or chaperones should be alerted to, and how would you like them handled if on the trip? (i.e. diabetic, asthma, etc.)

(OVER)

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IN THE EVENT A PARENT/GUARDIAN (IF UNDER 18) AND/OR ALTERNATE CONTACT CANNOT BE REACHED IN CASE OF EMERGENCY, I GIVE THE MUSIC DEPARTMENT DIRECTOR, INSTRUCTORS AND CHAPERONES COLLECTIVELY, THE AUTHORITY TO:

_____ Authorize treatment by a hospital and/or physician both for emergency and/or a life-threatening situation.

_____ Upon request, administer aspirin/Tylenol for minor headache pain, which would be distributed by the Music Director, Instructor or Chaperone.

_____ I authorize participation in any summer band-related activity, including trips and concerts.

I UNDERSTAND THAT RIVERSIDE MIDDLE SCHOOL, THE MUSIC DIRECTOR, INSTRUCTORS, AND/OR ADULT CHAPERONES ARE NOT LIABLE FOR STUDENT ACCIDENTS, IF REASONABLE SUPERVISION HAS BEEN ESTABLISHED AND MAINTAINED, AND THERE ARE NO GROSS VIOLATIONS OR NEGLIGENCE.

I HAVE READ THE POLICIES OF THE MUSIC DEPARTMENT, AND I AGREE TO HONOR THESE POLICIES. TO THE BEST OF MY KNOWLEDGE, THE MEDICAL INFORMATION IS CORRECT AND MY SIGNATURE SIGNIFIES MY AUTHORIZATION TO ENFORCE MY DECISIONS PREVIOUSLY SIGNED.

I FURTHER UNDERSTAND THAT IF I AM IN VIOLATION OF ANY SCHOOL RULES WHILE ON A BAND TRIP (I.E. DRINKING, USING DRUGS, ETC.), I WILL BE DISMISSED FROM THE EVENT IMMEDIATELY. IF VIOLATION IS SEVERE ENOUGH, LAW ENFORCEMENT OFFICIALS MAY BE CONTACTED AND WILL ASSUME RESPONSIBILITY OF THE SAID EVENT. IF THE APPLICANT IS UNDER 18, THE APPLICANT'S PARENTS/GUARDIANS WILL BE CONTACTED AND ARE EXPECTED TO PICK THEIR CHILD UP AND RETURN HIM/HER HOME. IN THE EVENT THE PARENTS CANNOT BE REACHED, THE ALTERNATE WILL BE CONTACTED TO DO THE SAME. IF NEITHER CAN BE REACHED, A CHAPERONE WILL ESCORT THE CHILD HOME AND HOUSE THE STUDENT UNTIL THE PARENT/GUARDIAN CAN BE CONTACTED.

Applicant Signature Date

Parent/Guardian Signature Date
(if applicant is under 18)

(OVER)

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PLEASE ANSWER THE FOLLOWING QUESTIONS AS HONESTLY AS POSSIBLE. YOU MAY USE A SEPARATE PIECE OF PAPER IF NECESSARY.

BRIEFLY DESCRIBE WHY YOU WOULD LIKE TO BE A RIVERSIDE MIDDLE SCHOOL SUMMER BAND VOLUNTEER.

IF SELECTED, WHAT DO YOU SEE AS YOUR ROLE IN WORKING WITH MIDDLE SCHOOL STUDENTS AT THE RIVERSIDE MIDDLE SCHOOL SUMMER BAND PROGRAM.

WHY SHOULD YOU BE CHOSEN AS A VOLUNTEER HELPER FOR THE RIVERSIDE MIDDLE SCHOOL SUMMER BAND PROGRAM?

PLEASE SUBMIT COMPLETED APPLICATION NO LATER THAN FRIDAY, JUNE 11, 2010:

MS. ROBIN MURPHY
DIRECTOR OF BANDS
RIVERSIDE MIDDLE SCHOOL
179 FORBES STREET
RIVERSIDE, RI 02915