



Gualala Arts Center Presents Global Harmony Summer Adventure Camp Assistant Application



Tuesday through Friday, July 8-11 2014
Tuesday through Friday, July 15-18 2014
Assistants: 9:00am-12:45pm (8:30am on first day July 8)

Assistant's Name: _____ Are you under age 18? Yes or No

Mailing Address: _____

Phone (h): _____ Phone (c): _____

Email: _____

If Assistant is under 18 years of age:

Parent/Guardian Name: _____

Phone (h): _____ Phone (c): _____

• T-Shirt size (*You will be given a staff T-Shirt*) **Please Circle:**

S	M	L	XL	XXL
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• Have you attended Gualala Arts Summer Art Program as a camper? **YES** or **NO**
 If yes, how many summers did you attend? _____ Last year attended: _____

• Have you worked at Gualala Arts Summer Art Program in the past? **YES** or **NO**
 If yes, how many summers have you been a group leader or teacher's assistant? _____

If no, do you have experience working with children & art? *Please explain below or attach resume.*

• What is your experience if any, in the performing and/or visual arts? _____

• If you are a student, please complete the following:

Grade Level Fall 2014: _____ School Attending: _____

Major Concentration (If applicable): _____

• Reference #1: _____

Name: _____ Relationship _____ Phone # or Email _____

• Reference #2: _____

Name: _____ Relationship _____ Phone # or Email _____

- Although we will not be able to assign everyone to their first choice, please circle which would you prefer: **Group Leader** or **Teacher's Assistant**
- Please specify if you have Teacher or class you would like to work with? _____
- Are you available for the Pre-Program orientation meeting: Monday July 7 at 5:30pm YES or NO
- Assistants must be available for work at the Gualala Arts Center from 9:00am to 12:45pm (8:30 on first day) Tuesdays through Fridays from July 8 thru July 18, 2014. Their duties will include supervising children, assisting instructors. Other duties will include supervising snack time and clean-up of various facilities or set-up of classes.
- Gualala Arts Summer Art Program for Youth Assistants are considered volunteers. First year Assistants are not paid. Returning Assistants will be paid a stipend of \$175 for the full two week program. All hours worked may be claimed as community service as well as National Honor's Society, school and other clubs and organizations service hours. If you are earning these hours for community service that CANNOT receive a stipend, please note so below.

- I am a first year assistant (no stipend to be received)
- I would like to receive a stipend of \$175
- I cannot accept the stipend for community service hours worked.
- I would like to donate my whole payment back to Gualala Arts

- We often receive requests for babysitters. Please answer to be added to the referral list? **YES or No**
Please indicate the number at which the parents should contact you: _____

DEADLINE FOR APPLICATION IS JUNE 1, 2014. Final decision will be made following the application deadline based on applications received. Please allow 2 weeks for response.

I have read and agree to the terms listed above. All above information contained herein is correct to the best of my knowledge.

Assistant Signature: _____ Date: _____

Return completed application to:
Gualala Arts, Summer Art Program for Youth, PO Box 244 Gualala, CA 95445

Parent or Guardian Signature (if under 18): _____ Date: _____

PLEASE NOTE: At the request of our insurance company, a background check is required for all adults (anyone over 18) who will be working with or around the children in our Global Harmony Summer Adventure Camp. If needed, please contact Gualala Arts for a sample form to review in advance.

Office Use Only:	Received:	Responded:	Initials:	W-9 On file:	YES	NEEDED
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Gualala Art Center Presents Global Harmony Summer Adventure Camp Assistant – Medical Consent Form



MEDICAL RELEASE: In case of emergency, Gualala Arts has my consent to authorize medical care for the following:

Assistant Name: _____ Birthdate: _____

Allergy _____ Degree of Reaction Slight Mild Extreme

Comment on Reaction: _____

Insurance Company: _____ Policy Number: _____

Telephone Number: _____ Address: _____

I further agree to pay any and all such medical costs, expenses and charges, and to release and discharge, and to hold harmless Gualala Arts and its employees from and against, any liability or any claim or demand arising from or connected with such medical treatment or care.

Parent/Guardian Signature: _____

Printed Name: _____

Mailing Address: _____

Phone (h): _____ Phone (c): _____

EMERGENCY CONTACTS: You must indicate at least one individual we can contact in an emergency:

CONTACT FIRST: _____ Relationship: _____

Phone (h): _____ Phone (c): _____

CONTACT SECOND: _____ Relationship: _____

Phone (h): _____ Phone (c): _____

CONTACT THIRD: _____ Relationship: _____

Phone (h): _____ Phone (c): _____