



# Gualala Arts Center Presents Global Harmony Summer Adventure Camp Assistant Application



**Tuesday through Friday, July 9-12 2019  
Tuesday through Friday, July 16-19 2019  
Assistants: 9am-12:45pm (8:30am on first day July 9)**

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

Mailing Address: \_\_\_\_\_

Phone (h): \_\_\_\_\_ Phone (c): \_\_\_\_\_

Email: \_\_\_\_\_ T-Shirt Size Circle one: SM MED LG XL

**If Assistant is under 18 years of age:**

Parent/Guardian Name: \_\_\_\_\_

Phone (h): \_\_\_\_\_ Phone (c): \_\_\_\_\_

• 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 2019: \_\_\_\_\_ School Attending: \_\_\_\_\_

Major Concentration (If applicable): \_\_\_\_\_

• Reference #1: \_\_\_\_\_

Name:	Relationship	Phone # or Email
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• Reference #2: \_\_\_\_\_

Name:	Relationship	Phone # or Email
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• 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: Mon. July 8 at 4:00pm YES or NO

• **Minimum age requirement for Assistants is High School entry the next Fall.** 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 9 thru July 19, 2019. 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.

• **If you are unable to work any of the assigned days please let us know here:** \_\_\_\_\_

• 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 MAY 1, 2019.**

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	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): \_\_\_\_\_