



Work Scholarship Application Form
(Please print clearly or type all information except for signatures.)
Fill out and return **BOTH** Pages: Application & Student Release Form
Application deadline - May 12, 2017

Open to 12-17 year olds, one Work Scholarship slot is available for most of our camp sessions. Work Scholars assist with one camp and in return receive 50% off another camp of equal value. Many Work Scholars choose to volunteer their time and not use the reduced camp price. Work Scholars are expected to assist teachers with camp tasks, work with campers, set up and clean up snack times, and help out in general with making camps flow smoothly. Work Scholars arrive ½ hour earlier than camp start time and stay an extra ½ hour at the end of each day.

Applicant's Name _____ Birthdate _____ Gender M ___ F ___

Please rank the camp weeks that you are **available** to work in your order of preference:

June 29 – 23 ___ June 26 – 30 ___ July 5 – 7 (3days) ___ July 5 – 14 (8 days) ___

July 17 – 21 ___ July 24 – 28 ___ July 26 – Aug 4 (8 days) ___ Aug 7 – 11 ___

I would like to take Camp # _____ at the 50% reduced rate.

(Discount is only available to this applicant – not to be transferred to any other camper.)

Parent or Guardian Name/s _____

Home Address _____

Home Phone _____ Cell # _____ E-Mail _____

Grade Entering _____ School _____

Have you worked with younger children before? ___ Individually ___ In groups ___

If yes, where, when and in what capacity? _____

Teacher or Community Reference _____ Position _____

Phone # _____

Why do you think that this applicant is a good choice as a teen volunteer for our summer camp program?

Community Reference Signature _____

Applicant's Signature _____

Should my son/daughter receive this scholarship, I will provide the necessary transportation.

Parent Signature _____

After receipt of your application, you will be contacted for an interview. If selected, there will be a mandatory orientation meeting held in June. Attached release form must be signed and included.

Application deadline - May 12, 2017

Return your completed application to:

DreamWrights 100 Carlisle Avenue York PA 17401

Questions? Call 848-8623

DreamWrights

Center for Community Arts

Student Release Form

STUDENT'S NAME _____ BIRTHDATE _____

ADDRESS _____

E-MAIL ADDRESS _____

HOME PHONE # _____ CELL # _____

GUARDIAN'S NAME _____ WORK # _____

GUARDIAN'S NAME _____ WORK # _____

EMERGENCY CONTACT _____ PHONE # _____

ALLERGIES _____

MEDICATIONS _____

SPECIAL NEEDS (Autism, ADD/ADHD, Physical limitations, Learning disability etc...)

I understand that in order to assure that our programming runs as smoothly and productively as possible, DreamWrights (DW) reserves the right to remove any individual who causes undo disciplinary problems.

DW recommends cell phones remain in silent mode and be kept out of sight during programming. **Use of any camera device is strictly prohibited in dressing rooms and bathrooms and subject to confiscation of phone/camera.**

Registration and/or participation in DW constitutes an agreement by the participant to allow DW to use and distribute (both now and in the future) the participant's image, quote or voice in photographs, video, audio and electronic reproductions of such events and activities.

I agree to indemnify and hold harmless DreamWrights (hereinafter referred as DW), it's Employees, Agents, Officers, Board Members, Volunteers or any other person against loss or expense, including attorney fees, due to any bodily injury, personal injury or property damage which may result from any and all activities while participating in programming or any other activity sponsored by or conducted by DW, or while visiting any facilities owned by, leased by or controlled by DW.

DW guarantees that all equipment and facilities are in good repair and are appropriate for the purposes to which they will be put, and personnel are appropriately trained and screened. Participants may have the opportunity to use power tools in set or props creation. DW safety rules require that everyone working with, or near, a power tool must wear proper eye protection. Safety glasses will be provided for those who need them. I agree to follow all safety rules when using these tools.

It is understood and agreed that this Release of All Liabilities shall remain in force until DreamWrights receives notification otherwise. The release is recorded and kept on file through a computer system.

Signature of participant or parent/guardian acting on behalf of a participant under 18 years of age

Participant if over 18 or Guardian's Signature

Date