

**MUNDI LIVE
AMBASSADOR PROGRAM
APPLICATION**



CONTACT INFORMATION

STUDENT FIRST NAME

STUDENT LAST NAME

PREFERRED NAME

STUDENT AGE

BIRTHDATE (MM/DD/YYYY)

SCHOOL GRADE

MAILING ADDRESS

CITY/STATE

ZIP CODE

STUDENT PHONE NUMBER

PREFER TEXT MESSAGES?

PARENT PHONE NUMBER (IF DIFFERENT)

STUDENT OR PARENT EMAIL ADDRESS

MUSIC BACKGROUND

MUSICAL INSTRUMENT(S)

PREFERRED MUSICAL STYLE

TOTAL NUMBER OF YEARS OF MUSICAL STUDY:

PLEASE CHECK THE TYPES OF PERFORMANCE OPPORTUNITIES IN WHICH YOU ARE INTERESTED:

MULTIMEDIA CONCERTS

COMMUNITY OUTREACH

NON-PERFORMANCE VOLUNTEERING

TO BE FILLED OUT BY APPLICANT'S MUSIC TEACHER

APPROXIMATE STUDENT LEVEL:

BEGINNER

INTERMEDIATE

ADVANCED

HAVE YOU APPROVED THIS APPLICANT'S REPERTOIRE LIST?

TEACHERS' NAME

PHONE/EMAIL ADDRESS (REQUIRED FOR NOTIFICATION)

TEACHER SIGNATURE

DATE

TO BE FILLED OUT BY A PARENT AND/OR GUARDIAN

MEDIA RELEASE

The undersigned parent/guardian of _____ hereby gives permission to the Mundi Project to publish photographs and film of this child as a participant in a Mundi art workshop, or Mundi performer on the Mundi Project website, any of its publications, or local media. I understand that the said child's name and age may appear with the picture. I do further release and discharge the Mundi Project and its officers, employees, agents, and volunteers from and against any and all damages, complaints, costs, and fees arising from said use of such photograph(s) and footage. I agree to refrain from instituting, pressing, or in any way aiding any claim, demand, action or cause of action for damages, costs, compensation, or fees against the same in connection with such use.

Please take the time to review the Media Release Form above and select an appropriate option. Agreeing to the Media Release Form does not in any way imply that the photographs or film of your child or their artwork, poetry, or performance will be published; it simply indicates that the Mundi Project has permission in the event they are needed.

_____ Mundi Project has permission to publish photographs of my child or my child's artwork, their name and age on the Mundi Project website, any of its publications, and on local media.

_____ I do not want photographs of my child or my child's artwork to be published by Mundi Project or the local media.

By signing above, I verify that I understand this release and that I have indicated my preference.

MEDICAL RELEASE AND CONSENT

Please list any of the applicant's medical conditions, allergies or medications about which you believe the Mundi Project should be aware of:

I hereby give permission for my child to participate as an Ambassador/volunteer for the Mundi Project. I further consent that the Mundi Project may obtain necessary emergency medical treatment and/or transportation for my child in the event of accident, injury or sudden illness while said minor is engaged in volunteer activities with the Mundi Project, at my sole expense.

PARENT AND/OR GUARDIAN SIGNATURE

DATE

AMBASSADOR AGREEMENT OF PARTICIPATION

In joining the Ambassador team, I acknowledge that I have read the *Overview & Guidelines* and agree to the following:

- Participation in 2 events per semester
- 5 hours of community music service per semester (hours can be acquired by staying the duration of a concert event, mentoring piano students at Harmony Hub, or other educational or outreach opportunities made in arrangement with Mundi Project)
- If unable to participate in a concert event for which I have registered, due to illness or other circumstances, I will **give a minimum of 2 weeks notice** prior to the scheduled event to Mundi Project by e-mail or phone.

By signing below, I verify that I understand and agree to the above requirements.

STUDENT SIGNATURE

DATE

IF UNDER 18, PARENT AND/OR GUARDIAN SIGNATURE

DATE

APPLICATION CHECKLIST:

- Fully complete application
- List of prepared repertoire
- Biography and photograph
- Audio/DVD, Web Performance (if available)

PLEASE EMAIL OR SEND COMPLETED APPLICATIONS TO:

programs@mundiproject.org

Mundi Project
PO Box 520696
Salt Lake City, UT 84152