

Rainbow Music Therapy Services

Volunteer Information & Application

*Thank you for contacting us about volunteer opportunities through the programs at Rainbow Music Therapy Services. In order to learn about you and how we can find the volunteer opportunity that suits your needs please complete and return the volunteer application to info@RainbowMusicTherapy.com. One of our staff members will be contacting you to discuss available opportunities***.*

Music Camps

Music camps give volunteers the chance to work 1:1 with a child with special needs. It is a perfect opportunity for high school and college students or recent graduates interested in the field of music therapy, teaching, or working in a related helping profession (counselor, psychologist, etc.).

- Music Camps are scheduled on Holiday Breaks, Spring Breaks, and Summer Breaks. Camps are located at either our Redwood City location, or Los Altos location and are usually meet for 5 days, Monday - Friday, 2 hours each day. Dates and times vary from year to year.

Music Therapy Group Sessions

Group sessions for children/youth/young adults with special needs and are provided at one of our two clinic locations (Los Altos and Redwood City) or on site at a school, home, or other community facility. Sessions last from 30-60 minutes weekly, bi-monthly, or monthly, Monday-Sat. We can offer volunteer opportunities on a limited basis as available.

Music Therapy individual Sessions

Individual sessions for children/youth/young adults with special needs and are provided at one of our two clinic locations (Los Altos and Redwood City) or on site at a school, home or other community facility locations. Sessions last from 30-60 minutes weekly, bi-monthly, or monthly, Monday-Sat. We can offer **observation** opportunities on a limited basis as available, and only for those interested in pursuing music therapy as a career.

******Volunteers are required to complete a background check prior to volunteering***

Rainbow Music Therapy Services

Volunteer Application

Name: _____ Email: _____

Address: _____ City: _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____

How often are you interesting in volunteering (check all that apply):

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> One time | <input type="checkbox"/> Quarterly |
| <input type="checkbox"/> Weekly | <input type="checkbox"/> Summer/holiday camp |
| <input type="checkbox"/> Monthly | <input type="checkbox"/> other _____ |

What hours are you available? Please list below:

- | | |
|--|---|
| <input type="checkbox"/> Monday _____ | <input type="checkbox"/> Thursday _____ |
| <input type="checkbox"/> Tuesday _____ | <input type="checkbox"/> Friday _____ |
| <input type="checkbox"/> Wednesday _____ | <input type="checkbox"/> Saturday _____ |

What age range(s) are you interested in working with (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Children with special needs 3-12 | <input type="checkbox"/> Young Adults with special needs 20+ |
| <input type="checkbox"/> Youth with special needs 13-19 | |

Describe your music background and experience (instrument(s) played, number of years played, performing experience, level of expertise, do you teach lessons, etc.):

Why are you interested in volunteering?

What are you hoping to receive from this experience?

Describe your experience working with youth/adults with special needs:

Please provide a person we may contact for a personal reference (include name, phone and email):

Signature

Date