



**Kids Play! Certification Program Application**

**Please note: Application and all required entrance materials must be received no later than May 20, 2005**

This application is for admission to the 2005 Summer Pilot of **BEDSIDE HARP'S™ Hospital-Certified Junior Harpist Program**

Please indicate where student will complete Module V which involves their playing 40 hours of their 72 hour internship.

RWJUH Hamilton \_\_\_\_\_

RWJUH New Brunswick \_\_\_\_\_

**Our Kids Play! Certification Program is presently open only to harpists/harpers between the ages of 15 and 17 years old.**

Please use additional paper to answer the following questions, referencing the question number as you answer each. You may type or clearly print them.

1. First, Middle and Last Names

\_\_\_\_\_

A. Name you like to be called: \_\_\_\_\_

2. Street Address: \_\_\_\_\_

3. City: \_\_\_\_\_ 4. State: \_\_\_\_\_ 5. Zip: \_\_\_\_\_

6. Telephone(s): Home: \_\_\_\_\_ Other (please indicate): \_\_\_\_\_

7. E-mail address: \_\_\_\_\_

8. EMERGENCY CONTACT INFORMATION: In the event of an emergency, we will contact:

First: \_\_\_\_\_ at (telephone #) \_\_\_\_\_

Relation to student: \_\_\_\_\_

or Second: \_\_\_\_\_ at

(telephone#) \_\_\_\_\_

Relation to minor: \_\_\_\_\_

9. Please describe your music training and answer the following questions:

9A. Do you read music? Which clef(s)?

9B. What musical instruments do you/ did you play and what is your level of proficiency on each?

9C. What is that nature of your musical training and experience? Do you improvise? Do you write your own arrangements? Do you compose your own music? Do you take lessons? With whom have you studied? For how long? Do you teach music? Do you perform? Where?

10. Do you sing? What are your favorite songs?

11. What is your favorite kind of music to listen to?

12. Have you already experienced:

\_\_\_visiting and spending time with someone sick or dying?

\_\_\_ playing music at the bedside of someone who was ailing?

\_\_\_ playing in front of a group?

\_\_\_playing in a medical facility?

Please describe each of the items you answered “yes” to above.

13. Your school, and its location and the grade you're in:

14. Do you have any medical, healthcare, hospice or spiritual care training or experience? If so, please describe.

15. What do you see as your main goal after you achieve a Bedside Harp<sup>tm</sup> certification?

16. What audience of people and/or what kind of medical facility do you think you would like to work with?

17. What audience of people and/or what kind of medical facility do you think it would be difficult for your to work with?

18. What strengths of yours do you believe you will be able to draw upon in this work?

19. What would you consider to be an area or areas you believe you'll need to work on as you prepare to do this work?

20. Do you have any medical or physical condition(s) that would make it difficult for you to walk through hospital hallways as you play a small harp weighing about 4-8 pounds, once you learn how to do that? Please describe fully.

21. Why do you want to participate in this program?

21. Where did you first hear of our programs?

College Catalog \_\_\_\_ Harp Journal/Magazine Ad \_\_\_\_

Referral \_\_\_\_ Internet \_\_\_\_ Mailing \_\_\_\_ Other \_\_\_\_

Additional comments:

**Parent/Guardian Permission:**

I \_\_\_\_\_ hereby agree that my son \_\_\_\_ daughter \_\_\_\_  
(please print clearly)

(name) \_\_\_\_\_  
\_\_\_\_\_

participate in the 2005 pilot presentation of Bedside Harp's Hospital-Certified Junior Harpist program. I understand that the program will be addressing cycle of life and spiritual issues and that the program will also involve students carrying a 4-8 pound harp as they play in hospital common areas, hallways and in individual patient rooms. I also understand that all students will be processed through the hospital's Volunteer department and will need to meet the immunization, health and orientation requirements of that Hospital.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

**Registration and tuition will be made directly through Bedside Harp. Please complete this application and send it, a check in the amount of \$60.00 (a non-refundable application fee), and an informal tape or cd of candidate playing ten simple tunes (played very simply) on the harp to: BEDSIDE HARP™ Kids Play! 6318 Neshaminy Valley Drive, Bensalem, PA 19020-1248. Please be sure to mark the tape or cd with the student's name and to send it in a well-sealed, well marked padded envelope.**



*Our Mission & Core Values*

The mission of Bedside Harp®, LLC is to promote the therapeutic use of the harp in healthcare. Committed to making a difference in that setting, we play for patients, the worried well and staff, teach staff and members of the community how to play the therapy harp, provide harp therapy training and certification, and participate in research projects. We exist to bring relief, comfort, and joy to patients, their families and all who care for them. To achieve our mission, we are committed to:

- E** Excellence
- P** Professionalism
- I** Integrity
- C** Collaboration