

# Healing Harmony

## MUSICIAN VOLUNTEER INITIATIVE

YES! I would like to share my musical gift with patients and their families at University Hospitals.

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

Instrument(s): \_\_\_\_\_

Music style: (circle all that apply) classical jazz folk pop other: \_\_\_\_\_

Days available: \_\_\_\_\_ Weekly hours available: \_\_\_\_\_

Preferred UH location(s) to perform: \_\_\_\_\_

Official credit hours: (Circle one) Yes No

**Please provide two references: (not including immediate family members)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Audition:**

Please submit a video of yourself with this application or schedule an in-person audition.

**Dress Code:**

Business casual

**Email this application:**

Feel free to scan and email completed form to [HealingHarmony@UHhospitals.org](mailto:HealingHarmony@UHhospitals.org)

Further questions please call: (440) 326-4510 for West side locations or (440) 735-4252 for East side locations.