

Lip Synch Showdown - 2022

What

If you like to sing along to your favourite songs, either by yourself or with your friends, you could have even more fun performing in this summer's **Lip Synch Showdown**. Perform individually or with your friends as a crew on stage with the public voting for their favourite act.

When

- **July 12 to August 16** once weekly
- **Saturday, August 20** performance event

Number of Volunteers

- 4 minimum; 20 maximum / individuals or groups

Who should volunteer and why

- you love to sing and/or lip synch to your favourite songs
- you're ready to unleash your creativity
- you can work collaboratively
- you are ready to see the library as a place of both fun and learning
- earn community service hours

What you will commit to

- 2 hours/week for **6 consecutive Tuesdays** from **July 12** to **Aug 16** at the library from 4:00 to 6:00 pm to rehearse, with at-home rehearsing as you wish
- performing on **Saturday, Aug 20** from 2:00 to 4:00 pm (Stratford location to be determined)

How to apply (new applicants &/or existing Stratford Public Library volunteers):

- complete and return the **Lip Synch Application** no later than **6 pm, June 17, 2022**



Volunteer Services
Lip Synch Showdown Application – Summer 2022
Application deadline: June 17 at 6 pm

Name:	Date:
Address:	Phone (Home):
	Phone (Cell):
	E-mail:
Birth Date: (<u>required</u> , for Library use only):	Preferred method of contact:

Applicants must be attending high school, and must be available for the six rehearsal Tuesdays (July 12, 19, 26 & August 2, 9, 16) from 4 pm to 6 pm, and for the performance date (Saturday, August 20) from 2 pm to 4 pm.

Tell us about any previous or existing Volunteer Experiences:

From-To: _____ Organization _____

Duties: _____

From-To: _____ Organization _____

Duties: _____

From-To: _____ Organization _____

Duties: _____

High School you are currently attending: _____

Tell us about any performance experience you have, such as drama, dance, or voice

(if none, please enter N/A):



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Are you applying to perform solo (circle one)? Yes No
or
to perform as a group act (2-5 members)? Circle one Yes No

If applying as a group act, please list the full names of the other members (up to 4)

(Note: ALL group members must each complete an application to be eligible)

Do you know what song you want to lip synch to? (circle one): Yes No

If yes, list the title and artist: _____

References: Please provide **two** references (i.e. teacher at school, drama coach, dance teacher, or a contact from a previous volunteer experience), but not friends or family.

Name	E-Mail	Phone	Relationship
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Authorization for Collection of Personal Information

I, _____, authorize the Stratford Public Library to collect personal information appropriate to the volunteer position applied for concerning my volunteer experience, and to verify the character references I have supplied. I understand that any information obtained is kept confidential. I hereby certify that the above information is true to the best of my knowledge. I understand that any willful falsification of information may result in termination of my volunteer assignment.

I hereby authorize the above named referees to provide a reference in connection with this application, and release them from any liability in regard to the same.

Signature: _____ Date: _____