

Please complete all requested information. Use ink and print.

Return all applications by: 3/15/10

GENERAL INFORMATION			
APPLYING FOR: COUNSELOR (PAID POSITION)	☐ COUNSELOR-IN	-TRAINING (VOLUNTEER POSITION)	
NAME: LAST	FIRST	MIDDLE	
SOCIAL SECURITY NUMBER			
STREET ADDRESS			
CITY	STATE	ZIP	
TELEPHONE (HOME)	TELEPHONE (CELL)		
SCHOOL	AGE	DATE OF BIRTH	
E-MAIL ADDRESS			
EXPERIENCE			
DO YOU HAVE ANY PRIOR WORK EXPERIENCE? YES / NO			
IF YES, PLEASE LIST FORMER EMPLO	YERS:		
PLEASE SUMMARIZE YOUR ACTING, SINGING, AND	OR DANCING EXPERIE	NCE/TRAINING:	
BRIEFLY LIST YOUR THEATRE EXPERIENCE (SHOW	/PART/WHERE):		

PLEASE COMPLETE REMAINDER OF APPLICATION ON REVERSE SIDE.

ANSWER IN ONE OR TWO PARAGRAPHS: WHAT DO YOU FEEL YOU CAN CONTRIBUTE TO THE SUMMER CAMP 2010 TEAM ?				
IN WHICH AREAS DO YOU FEEL YOU COULD I ☐ ACTING ☐ DANCING ☐ SINGI				
AVAILABILITY				
PLEASE CHECK EACH 3-WEEK SESSION YOU	ARE AVAILABLE FOR:			
SESSION 1 (JUNE 1 – JUNE 18) The Merry Old Land of Oz				
SESSION 2 (JUNE 21 – JULY 9) Gerry Cullity's Alice in Wonderland				
SESSION 3 (JULY 12 – JULY 30) Good	d Grief Charlie Brown			
****ALL APPLICANTS ARE REQUIRED TO MARCH 21 ST OR MARCH 24 TH . PLEASE INI YOUR INTERVIEW.	INTERVIEW WITH CAMP ADMINSTRAT DICATE YOUR FIRST, SECOND AND TI	TION ON MARCH 17 TH , HIRD CHOICE FOR		
PRIOR SUMMER CAMP EMPLOYM	ENT			
IF YOU HAVE BEEN EMPLOYED BY DST ACAD LEADERSHIP SKILLS WITHIN THE THEATRE O		KED TO DEVELOP YOUR		
EMERGENCY INFORMATION				
IN CASE OF EMERGENCY, CONTACT (NAME)	PHONE NUMBER			
	SIGNATURE OF APPLICANT	DATE		

CAMP HOURS: 9:00 – 3:00 Monday thru Friday STAFF HOURS: 8:00 – 4:00 Monday thru Friday Several Weekday Meetings, Sunday/Monday Set-up. The Training Retreat IS Thursday, May 27th to Friday, May 28th. ATTENDANCE AT THESE EVENTS IS REQUIRED