

Meadowmount School of Music

2010 Counselor Application

Please fill out completely and print legibly. Preference is given to applicants that are 21 by the start of school and have First Aid and CPR certifications.

Name _____ Date of Birth _____ Age ____ Gender ____

Address _____

Street City State Zip

Phone _____ E-mail _____

Instrument and requested teacher if applicable* _____

**Please note: Counselors who are applying to study must submit the regular application materials & application fee to the Admissions Director by the deadline of January 31st.*

Do you have a current driving license? _____ State & # _____ Exp. Date _____

Do you have CPR training with up-to-date certification? _____ Exp. Date _____

Do you have First Aid training with up-to-date certification? _____ Exp. Date _____

Do you have Lifeguard or Water Safety Instructor training with up-to-date certification? _____ Exp. Date _____

Other certifications? _____

List previous employment experience beginning with most recent:

1. _____ Dates _____

2. _____ Dates _____

3. _____ Dates _____

List any previous counselor experience: _____

What age group would you be best suited to counsel? 12-14 ____ 15-17 ____ RA for over 18 ____

and why? _____

Why do you feel you would be an effective counselor? _____

Name three references of current or previous employers with addresses & phone numbers who we can contact. If you do not have three previous employers, you may substitute with teachers.

1. _____
Name, state email phone

2. _____
Name, state email phone

3. _____
Name, state email phone

You may include additional information on the reverse side or attach a detailed resume to this form.

Mail to: **Mary McGowan, Admissions Director, 1424 County Route 10, Westport, NY 12993**

or email to: **admissions@meadowmount.com**