

Meadowmount School of Music

2017 Counselor Application

Please fill out completely and print legibly.

Preference is given to applicants age 21 or older and those with First Aid and CPR certifications.

Name _____	Will you be age 21 or older by June 24, 2017? _____
Address _____	
Street _____	City _____ State _____ Zip _____
Phone _____	E-mail _____
Instrument and requested teacher if applicable* _____	
<i>*Please note: Counselors who are applying to study must submit the regular application materials, including the Scholarship Letter of Request & application fee to the Admissions Director by the deadline of January 31st.</i>	

Do you have a current drivers 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 certification? _____ Exp. Date _____
Other certifications? _____
Background checks will be run on all counselors. If you would like to disclose information pertaining to a criminal conviction you may do so: _____

List previous employment experience beginning with most recent:
1. _____ Dates _____
2. _____ Dates _____
3. _____ Dates _____
List any previous counselor experience: _____

What age group are you best suited to counsel? 13-14 _____ 15-17 _____ RA for over 18 _____
and why? _____

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

Please provide three professional references; use current and previous employers, then teachers or persons other than relatives if necessary. Recommendations from each person listed should be sent via email to: **admissions@meadowmount.com**. Use the form on the next page.

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**

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2017 Counselor Recommendation Request Form

(Provide this form to each of your references by copying/pasting the following text in the body of an email)

I, _____, am applying to the Meadowmount School of Music as a counselor and listed you as a reference. This is for a full time, live in, counselor position supervising music students ages 13 to 17, for 7 weeks. You can find out more about the Meadowmount School of Music at www.Meadowmount.com.

They are looking for counselors that are self-motivated, reliable, responsible and able to follow directions, as well as give them. Your email or letter response as to whether or not you recommend me, as being able to handle such a responsibility, is very much appreciated.

Please respond by February 15, 2017

Thank you for your time!

Name of Applicant you are writing about:

Do you recommend this student for this responsibility?

How long have you known the applicant?

Relationship to Applicant:

Have they worked for you in the past?

If yes, in what capacity:

Recommendation comments:

Your Name:

Phone:

Email:

Email recommendation to: **Admissions@Meadowmount.com**

or

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