

# Meadowmount School of Music

## 2020 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 27, 2020? _____
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 &amp; application fee to the Admissions Director by the deadline of January 31<sup>st</sup>.</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 / volunteer/ teaching experience beginning with most recent: (list more on back if needed)
1. _____ Dates _____
2. _____ Dates _____
3. _____ Dates _____
List any previous counselor experience: _____
_____

What age group are you best suited to counsel? 13-14 _____ 15-17 _____ over 18 _____ All ages _____
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. 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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## 2020 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 30, for 7 weeks. You can find out more about the Meadowmount School of Music at [www.Meadowmount.com](http://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, 2020

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**