



Emmanuel Ballet Academy

Summer Dance Intensive & Mission Outreach 2007

Counselor Application Form

Name Date of Birth

Mailing Address

City State..... Zip Code

Home Phone Cell PhoneWork Phone.....

E-mail addressT-Shirt size

Marital StatusChildren?.....If yes, how many and what ages?

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Current Employment.....

Church Affiliation.....

What areas are you involved in with your church?

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Please list any special skills or hobbies you have

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Why are you interested in being a counselor for SDI & MO 2007?

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If accepted which session will you attend?

1st week

2nd week

Both weeks

Do you have experience working with a certain age group? If yes please explain.

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Have you ever been a counselor before? If so please explain.

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What languages do you speak?

How did you hear about us?

I hereby certify that all the information given by me on this form is correct to the best of my knowledge, that all the questions relating to me have been accurately and fully answered and that I possess all the qualifications which I claim to hold.

Signed.....

Date.....

Please send this form, together with a letter of reference to
Emmanuel Ballet Academy PO Box 147 El Paso, Texas 79942
Or e-mail with attachment to
summerdanceintensive07@gmail.com