

**American Ballet Theatre New York Summer Intensive
2012 Counselor Application**

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ E-Mail: _____
Age: _____ Gender: _____ Date of Birth: _____

Current Employer: _____
Address: _____
Phone: _____
Position: _____ Time In Current Position: _____

Previous Employer: _____
Position: _____ Time In Position: _____

Previous Experience As A Counselor Or Chaperone: Yes _____ No _____

Date: _____ Program: _____
Age of Participants: _____

Date: _____ Program: _____
Age of Participants: _____

Previous Experience Attending A Summer Intensive: Yes _____ No _____

Date: _____ Program: _____
Age of Participants: _____

Date: _____ Program: _____
Age of Participants: _____

Previous Experience Working With Teenagers: Yes _____ No _____
When/Where: _____

How long have you lived in the New York area? _____
Are you currently in school, if so where? _____
Department: _____ Major: _____

Please provide contact information for two work or school related references:

Name: _____	Name: _____
Address: _____	Address: _____
Phone: _____	Phone: _____
E-Mail: _____	E-Mail: _____
Relationship: _____	Relationship: _____

To apply: Please complete the ABT NY Counselor Application and mail, email or fax with Resume by March 15, 2012 to:
American Ballet Theatre
Attn: Elizabeth Aymong
890 Broadway, 3rd Floor
New York, NY 10003
Fax: 212-419-4396
eaymong@abt.org