

**American Ballet Theatre New York Summer Intensive  
2020 Counselor Application**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Preferred Pronouns: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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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: \_\_\_\_\_

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

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

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

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To apply: Please complete the ABT NY Counselor Application and mail, email or fax **with Resume** by May 1, 2020 to:  
American Ballet Theatre  
Attn: Naomi Gewanter  
890 Broadway, 3<sup>rd</sup> Floor  
New York, NY 10003  
Fax: 212-419-4396  
ngewanter@abt.org