



Desert Stages Theatre

Summer Camp 2010

*Please complete all requested information. Use ink and print.
Return all applications by: 3/15/10*

GENERAL INFORMATION

APPLYING FOR:

COUNSELOR (PAID POSITION)

COUNSELOR-IN-TRAINING (VOLUNTEER POSITION)

NAME: LAST

FIRST

MIDDLE

SOCIAL SECURITY NUMBER

STREET ADDRESS

CITY

STATE

ZIP

TELEPHONE (HOME)

TELEPHONE (CELL)

SCHOOL

AGE

DATE OF BIRTH

E-MAIL ADDRESS

EXPERIENCE

DO YOU HAVE ANY PRIOR WORK EXPERIENCE?

YES / NO

IF YES, PLEASE LIST FORMER EMPLOYERS: _____

PLEASE SUMMARIZE YOUR ACTING, SINGING, AND/OR DANCING EXPERIENCE/TRAINING: _____

BRIEFLY LIST YOUR THEATRE EXPERIENCE (SHOW/PART/WHERE): _____

PLEASE COMPLETE REMAINDER OF APPLICATION ON REVERSE SIDE.

ANSWER IN ONE OR TWO PARAGRAPHS:

WHAT DO YOU FEEL YOU CAN CONTRIBUTE TO THE SUMMER CAMP 2010 **TEAM**?

IN WHICH AREAS DO YOU FEEL YOU COULD **MOST** CONTRIBUTE TO SUMMER CAMP? (SELECT ALL THAT APPLY)

ACTING DANCING SINGING ARTS & CRAFTS TECHNICAL

AVAILABILITY

PLEASE CHECK EACH 3-WEEK SESSION YOU ARE AVAILABLE FOR:

- SESSION 1 (JUNE 1 – JUNE 18) The Merry Old Land of Oz
- SESSION 2 (JUNE 21 – JULY 9) Gerry Cullity's Alice in Wonderland
- SESSION 3 (JULY 12 – JULY 30) Good Grief Charlie Brown

******ALL APPLICANTS ARE REQUIRED TO INTERVIEW WITH CAMP ADMINISTRATION ON MARCH 17TH, MARCH 21ST OR MARCH 24TH. PLEASE INDICATE YOUR FIRST, SECOND AND THIRD CHOICE FOR YOUR INTERVIEW.**

PRIOR SUMMER CAMP EMPLOYMENT

IF YOU HAVE BEEN EMPLOYED BY DST ACADEMY PREVIOUSLY, HOW HAVE YOU WORKED TO DEVELOP YOUR LEADERSHIP SKILLS WITHIN THE THEATRE OVER THE PAST YEAR?

EMERGENCY INFORMATION

IN CASE OF EMERGENCY, CONTACT (NAME)

PHONE NUMBER

SIGNATURE OF APPLICANT

DATE

CAMP HOURS: 9:00 – 3:00 Monday thru Friday STAFF HOURS: 8:00 – 4:00 Monday thru Friday
Several Weekday Meetings, Sunday/Monday Set-up. The Training Retreat IS Thursday, May 27th to Friday, May 28th.
ATTENDANCE AT THESE EVENTS IS REQUIRED