

# Community Players of Salisbury Youth Theater Workshop Counselor Application

Please email completed application to YouthWorkshops@SbyPlayers.org by April 30, 2025.

**Name:** \_\_\_\_\_

**Date of birth:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_

**Mailing address:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Which workshop are you interested in acting as counselor for?**

- ☐ Grades 3-8 (July 14-18)
- ☐ Grades 9-12 (July 21-25)
- ☐ I would like to work both weeks.
- ☐ Any of the above.

**Education:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Work experience:**

Employer: \_\_\_\_\_

Phone number of employer: \_\_\_\_\_

May we contact the employer for work reference? \_\_\_\_\_

Employer: \_\_\_\_\_

Phone number of employer: \_\_\_\_\_

May we contact the employer for work reference? \_\_\_\_\_

**Previous theater or performing arts experience:**

---

---

---

**Previous experience working with children:**

---

---

---

**Personal references:**

Name: \_\_\_\_\_

Email address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Name: \_\_\_\_\_

Email address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Name: \_\_\_\_\_

Email address: \_\_\_\_\_

Phone number: \_\_\_\_\_

**Please share why you would like to be a theater workshop counselor:**