



Munroe Center for the Arts
1403 Massachusetts Ave.
Lexington, MA 02420
781.862.6040

2010 Counselor Application

Name: _____

Parent/Guardian Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Date of Birth: _____ School: _____

E-mail: _____

Please indicate the Vacation Programs for which you are applying:

___ February Vacation Arts Program: CELEBRATE! (February 16-19)

___ April Vacation Arts Program: STREET ART (April 20-23)

___ Summer Vacation Arts Program (July 5- August 27) Weeks available: _____

Please describe your experience with children in a leadership role:

What is your experience in the Arts? (i.e. Special classes or camps attended, after school activities or clubs, plays, special areas of interest, awards.):

List other areas of interest and/or outside activities, including volunteer work:

Please provide 3 references:

Name: _____ Telephone: _____
Name: _____ Telephone: _____
Name: _____ Telephone: _____