



# STAFF APPLICATION FORM + NYSMF 2010 (page 1 of 2)

## REQUIRED FORMS

All applications for all positions must include the following:

- Staff Application Form
- Staff Recommendation Letter
- Performance/Audition Tape or CD

In addition to the above items, *CIT* and *FA* applications must ALSO include the following additional items:

- Festival Application
- Teacher Recommendation Form
- Application Fee (see Festival application form)

## I. PERSONAL INFORMATION

Name: \_\_\_\_\_ Soc. Sec.#: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Work Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Mobile Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age Category as of June 27, 2010:  Under 18  Over 18  Over 21

Primary Instrument (circle below) No. of Years Played \_\_\_\_\_ Jazz?  Y  N

Violin	Viola	Cello	Double Bass	Flute	Oboe	English Horn	Clarinet
Bassoon	Saxophone	Trumpet	Trombone	Euphonium	Horn	Tuba	Percussion
Drum Set	Piano	Guitar	Harp	Voice	Other _____		

Additional Instruments (circle below)

Violin	Viola	Cello	Double Bass	Flute	Oboe	English Horn	Clarinet
Bassoon	Saxophone	Trumpet	Trombone	Euphonium	Horn	Tuba	Percussion
Drum Set	Piano	Guitar	Harp	Voice	Other _____		

## II. REFERENCES

Please list three individuals whom we may contact for professional employment references. Do not list relatives or personal friends.

1) Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Relationship: \_\_\_\_\_ Dates: \_\_\_\_\_

2) Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Relationship: \_\_\_\_\_ Dates: \_\_\_\_\_

3) Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Relationship: \_\_\_\_\_ Dates: \_\_\_\_\_

NEW YORK SUMMER  
MUSIC FESTIVAL  
PO BOX 947  
ONEONTA, NY  
13820

PHONE  
(607) 267-4024

FAX  
(888) 632-3221

EMAIL  
INFO@NYSMF.ORG

WEB  
WWW.NYSMF.ORG

Please ensure your email address is complete, correct, and legible. All NYSMF correspondence is done via email.



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III. EMPLOYMENT INFORMATION

Please specify for which position you are applying (check one):

- Teaching Assistantship, Stage Crew, Counselor, Junior Counselor, CIT (Counselor in Training), FA (Festival Assistant)

IV. EDUCATION & PROFESSIONAL INFORMATION

Please send your resume with a completed application, including the following information as it relates to the position you seek.

- A. Educational Background: (school name / years attended / major / degree)
B. Camp Experience: (camp name / years attended / director's name & telephone)
C. Instrumental/Vocal Study: (major teachers / years of study)
D. Teaching Experience: (subject / years taught / location / levels)
E. Conducting/Coaching Experience: (ensemble / years taught / location / level)
F. Administrative Experience: (institution name / position / duties)

Please list here any CPR, American Red Cross, or Life-Guarding certifications you hold that will be valid during the summer:

V. NARRATIVE RESPONSES

Please respond to the questions below on a separate sheet.

- 1) Why do you believe music camp is important to young musicians?
2) How would you contribute to a successful summer at NYSMF?
3) What do you hope to gain by joining us for the summer?
4) Why do you like working with children?
5) Is there anything else you would like us to know?

Please also list any hobbies or recreational activities that interest you.

VI. BACKGROUND CHECK

- 1) Have you ever been convicted of sexual or child abuse? Yes No

If so, when and where?

- 2) Have you ever been convicted of any criminal offense? Yes No

If so, when and where?

I understand that NYSMF may investigate my work and personal history, verifying all information given on this application, related papers, and in interviews, including a criminal background and license check. I hereby authorize any individual(s), school(s), or firm(s) to provide any information requested about me and hereby release them from all liability for damage in providing this information. I certify that all statements in this form and other information provided by me in applying for this position are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

Signature: Date: / /

Please ensure your email address is complete, correct, and legible. All NYSMF correspondence is done via email.



New York Summer Music Festival + 2010 Season
STAFF RECOMMENDATION LETTER (page 1 of 2)

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Section I (To be completed by the applicant):

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

Position applying for:

- Teaching Assistantship, Stage Crew, Counselor, Junior Counselor, CIT (Counselor in Training), FA (Festival Assistant)

In accordance with the provisions of the Family Rights and Privacy Act, the following report is to be regarded as:

- Confidential - I waive my right of review
Non-Confidential - I retain my right of review

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Section II (To be completed by the recommender):

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

Title and/or position: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Work Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Mobile Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Describe how long you have known the applicant and in what capacity. Please include dates.

Four horizontal lines for describing the relationship with the applicant.

How well does the candidate take direction?

Three horizontal lines for describing how well the candidate takes direction.

What is the candidate's greatest strength?

Three horizontal lines for describing the candidate's greatest strength.

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Are there any weaknesses of the candidate we should be aware of?

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Is the candidate a team player?

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How are the candidate's peer relations?

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Have you had a chance to observe the candidate with children?  Yes  No

If so, what ages and in what capacity? \_\_\_\_\_

If applicable, please comment on the candidate's work with children.

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If you had a child, would you feel comfortable knowing the candidate was working with and potentially living with them in a dormitory?

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Do you recommend the candidate for this position?

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Please feel free to add any additional comments on the back of this sheet. The NYSMF staff will contact you to verify this recommendation. Thank you for your time.

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

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