

Youth Summer Theater Workshop Counselor Application

Please email completed applications to YouthWorkshops@SbyPlayers.org by May 15, 2026.

Name: _____

Date of birth: _____

Email address: _____

Phone number: _____

Mailing address: _____

Which workshop are you interested in acting as counselor for?

- Grades 9-12 (July 6-10)
- Grades 3-8 (July 13-17)
- I would like to work both weeks.
- Any of the above.

Would you be available for an additional performance on Saturday, July 18?

- Yes
- No
- Maybe

Education: _____

Work experience:

Employer: _____

Phone number of employer: _____

May we contact the employer for work reference? _____

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Previous theater or performing arts experience:

Previous experience working with children:

Personal references:

Name: _____

Email address: _____

Phone number: _____

Name: _____

Email address: _____

Phone number: _____

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