

ACTON BOXBOROUGH DANCE CENTER ASSISTANT/RECEPTIONIST APPLICATION

NAME: _____

AGE: _____

GRADE IN SCHOOL: _____

YEARS DANCED AT ABDC: _____

POSITION DESIRED: _____

NON-PARENT REFERENCE: _____ PHONE NUMBER: _____

ON A SEPARATE PIECE OF PAPER

1. Please describe your previous work experience (if any).
2. Please describe any experience working with children.
3. What qualities would make you a good assistant or receptionist?
4. What do you hope to get out of being an assistant or receptionist?

I have read all of the responsibilities, compensation terms, schedule commitments, and all other requirements, and I am willing to serve as an assistant/receptionist at ABDC.

Student Signature: _____ Date: _____

I have read all of the responsibilities, compensation terms, schedule commitments, and all other requirements, and I am willing to assist my child in keeping his/her commitment to ABDC.

Parent Signature: _____ Date: _____

PLEASE MAIL THIS APPLICATION TO:
Acton Boxborough Dance Center
3 Eastern Road
Acton, MA 01720
OR SUBMIT DIRECTLY TO EDEN ROESSEL, STUDIO DIRECTOR