



2019 Counselor Application

5406 I-55 North
Jackson, MS 39211
601-977-1001
www.balletmagnificat.com

Dear Counselor Applicant,

Thank you for your interest in a counselor position for our 2019 Summer Workshop. We appreciate very much your heart's desire to serve the Lord in this way. Please read over the Job Description sheet and pray about your involvement with Ballet Magnificat! before proceeding with the remaining paperwork. Then, if God would so lead, fill out the enclosed questionnaire and biographical sketch and return it to us as soon as possible. Keep in mind that different individuals will be reviewing these forms, so please fill each one out as completely as possible, even if information is repeated from one form to another.

Although not every student who attends the workshop has received Jesus as his/her personal Savior, most come from the various Christian backgrounds, from Catholic to Protestant, Baptist to Lutheran, Episcopal to Non-Denominational. We would encourage you, as counselors, to pray that God would give you a revelation of the greater body of Christ so that you can adequately minister to our workshop students out of the love the Father has for each member. We also hope that our workshop will bring in unchurched dancers who present a special challenge and opportunity for ministry.

Counselors are screened and interviewed by Erin Beaver, Director of Personnel and Operations, and she will be calling you after your application is received.

Again, thank you for your interest. We will give you a prompt response after receiving your application and recommendation letters and taking sufficient time to pray about your involvement with us this year.

God bless you,
Workshop Staff
Ballet Magnificat!

Counselor Application Checklist:

- Head Shot Photo
- Counselor Biographical Sketch
- Counselor Questionnaire

First-Time Applicants Submit:

- Pastor Recommendation/Reference Letter (mailed separately)
- Reference Letters from Friends (2) (mailed separately)

Please send your **completed application** and a **picture of yourself** to:

Ballet Magnificat!
SUMMER INTENSIVE
5406 I-55 North
Jackson, MS 39211

Counselor Job Description

IT'S A FULL-TIME JOB!

The job of a counselor is pretty much like that of a parent. They are not expressly needed 24 hours a day, but they are on call at all times and must put their students first. Some of the duties include:

1. making sure students participate in all scheduled events
2. leading daily group times and extended group times 2-3 days a week
3. rotating dorm duty and on-call duty with other counselors
4. making grocery runs for students and assisting with medical needs

Time and time again, counselors from years past have said that the interaction with students is the most rewarding aspect of this job. Watching God work in students' lives and seeing relationships form between them is exciting. We ask that counselors come "prayed up" and ready to serve the Lord by serving the students, planning to seize every opportunity to share the love of God.

ARRIVAL

All counselors arrive three days before the students. The 1st session and 4-week sessions need to arrive on Wednesday June 26 (prior to 3:00 pm please). Counselors for the 2nd session need to arrive on Wednesday, July 10 (prior to 3:00 pm please). This early arrival allows you to become acquainted with the ministry and other counselors and for orientation and preparation. Counselors must stay the full time and not leave before the final day of their workshop period.

ORIENTATION

Orientation with workshop administration will begin the day after arrival. Orientation will serve as a time for counselors to receive instruction on workshop policies, rules and regulations, as well as to receive assistance with small group preparation. Also during this time, counselors will have the opportunity to view their students' files. By reading a student's bio, you can get a small glimpse into their personality, their likes or dislikes or maybe even a poem or a funny story.

Counselors will receive a Counselor Handbook prior to arrival that will acquaint them with the Counselor and Student rules.

COST, ACCOMODATION, AND MEALS

Unfortunately, we are not able to pay for counselor housing at this point in time. The cost for 2-week counselors is \$495, and for 4-week counselors is \$887. Fees must be paid in full by April 26, 2019. Because this is a missions opportunity, churches are sometimes able to help counselors with this expense. Also, we suggest you speak with your tax consultant about the possibility of your cost being tax-deductible.

Counselors are assigned private rooms in the hallway next to their group. Some dorms have hall baths and some have suite baths. Meals average \$6.99 each in the cafeteria. Counselors pay in the cafeteria for their meals each time they eat.

Meal cards are available in the cafeteria. Our long-time returning counselors are allowed to use the staff check-off sheet where a running total of these meals is kept and the balance is due at the end of the workshop. Most counselors save money by eating only a few of their meals in the cafeteria, preferring to eat some meals in their room or off-campus when students are in classes.

DAILY ROUTINE

A typical daily schedule is as follows:

7:00am - 8:15am	Breakfast	3:15pm - 5:00pm	Class 3
8:30am - 9:30am	Chapel	5:00pm - 6:30pm	Dinner
10:00am - 11:45am	Class 1	6:30pm - 7:00pm	Free Time
12:00pm - 1:15pm	Lunch	7:00pm - 8:30pm	Evening Activity/Bible Study
1:45pm - 3:00pm	Class 2		

Evening and weekend activities may include company concerts, large group Bible studies conducted by company members and staff, speakers and student concerts. *Counselors are required to chaperone at all of these events and are also required to be with your students during any time they are not in class.* Free time for the students is scheduled on the weekends.

INCIDENTALS

Counselors who have a child(ren) attending the workshop will not be in the same group(s) as their child(ren).

A car is not a necessity, but it is very helpful.

Counselors who are also dancers may take classes when it does not interfere with their counselor duties.

Counselor Biographical Sketch

Returning Counselor: New Counselor:

Previous Years? _____

Name: _____
Last First Middle | Name you wish to go by

Address: _____ City/State/Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Work Phone: (____) _____ Best number to call during daytime: _____

Age _____ Date of Birth ____/____/____ Marital Status: _____ E-mail address: _____

Spouse's Name: _____ Work Phone: (____) _____ ext _____

Children & Ages: _____

Are any of them home schooled? yes no

Your Employer: _____ Job Title: _____

Highest Level of Education (circle one): High School Some College Undergraduate Degree Graduate Degree

Church Name: _____ Affiliation: _____

How did you hear about this workshop?: _____

- Last 3 books read: _____
- Favorite 3 Movies: _____
- Hobbies: _____
- On the back of this sheet, tell us something about yourself - a funny experience, a special time in your life, activities you enjoy, or anything else you would like to say.

RULES AGREEMENT

- I understand that I will not be put in a counselor group with my own child.
- I will conduct myself in keeping with the highest of Christian principles.
- I will work to prepare my body and my spirit so that God can fulfill His purpose in me during this workshop.
- I understand that the teachers and staff are in a place of authority for my benefit and protection and I will honor their leadership while I am attending this workshop.
- I will follow the rules and guidelines set by the ministry.
- I realize that there will be people from all backgrounds & denominations at this workshop and I will show respect for individual forms of expression in worship.

Signature of Applicant _____

If you are currently married, please discuss this potential counselor opportunity with your spouse and obtain a signature of support below.

I am in full support of my spouse attending Ballet Magnificat's Summer Workshop.

Signature of Applicant's Spouse _____

Counselor Questionnaire

Name: _____ Age: _____ Date of Birth _____

Which session are you interested in serving? June 29 – July 13 (2 wks)
 July 13 – July 27 (2 wks)
 June 29 – July 27 (4 wks)

If you chose a two-week session, depending upon enrollment, are you flexible on which session you can attend? yes no
(You would be notified at least one month in advance of any changes.)

Which age group are you most comfortable working with? _____

Would you be willing to work with any age? yes no Do you smoke? yes no

Will you have a cell phone with you? yes no If yes, number: (_____) _____.

May we put your cell phone number in our directory for staff and other counselors to use? yes no

T-Shirt Size: (circle one) S M L XL XXL

Do you have any medical problems that we need to be aware of (ex: fibromyalgia, diabetes): _____

Church Membership Information:

Name of your church: _____ Length of membership: _____

Church Affiliation/Denomination: _____

Pastor's Name: _____ Phone (_____) _____

Describe your personal involvement in the church/areas of responsibility at the local level.

Have you ever been diagnosed with or struggled with depression, bi-polar illness, anxiety or panic disorders, anorexia, bulimia, or any other mental ailment or illness?

If yes, have you taken or are you presently taking any medications to treat such conditions?

Some dorms do not have elevators. Can you climb stairs on a daily basis? yes no

PERSONAL TESTIMONY:

Describe how and when you became a Christian (attach a separate piece of paper if necessary).

RECENT GROWTH:

What other significant experiences have you had since your salvation/conversion? What has the Lord been doing in your life in the last year?

GENERAL INFORMATION:

Why do you want to be a counselor/chaperone?

Have you had any other counseling experience? yes no If yes, explain.

How will your expenses be paid? (\$495 – 2 weeks, \$887 – 4 weeks; cafeteria meals \$6.99 each)

New Counselors:

Please provide the names of two people for us to contact as confidential references (May be same people sending letters if applicable.)

1. Name _____	2. Name _____
Address _____	Address _____
_____	_____
Phone (____) _____	Phone (____) _____
E-mail address _____	E-mail address _____

This workshop draws from across the U.S. and from a variety of backgrounds. How do you feel about ministering to the needs of students with denominational convictions, doctrines, and experiences different from your own?

What are your views on the gifts of the Spirit?

Do you personally know any members (past or present) of Ballet Magnificat!? Please give names.

Do you have a child planning to attend the workshop? yes no
Would you have students arriving early with you? yes no If so, there may be additional room and meal charges. Please try to keep this to no more than 2 and only if absolutely necessary. Since you will be staying with Ballet Magnificat staff and dancers, we must be able to find accommodations for your group. Please provide us with the name(s) of students arriving with you:

_____	<input type="checkbox"/> Male	<input type="checkbox"/> Female
_____	<input type="checkbox"/> Male	<input type="checkbox"/> Female
_____	<input type="checkbox"/> Male	<input type="checkbox"/> Female

I give Ballet Magnificat! permission to run a Background Check on me, if they choose to do so.

Signature _____ Date _____

Print Name _____



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Dear Pastor,

_____ is applying as a Counselor for our 2019 Summer Dance Intensive. A reference/recommendation letter is required from his/her pastor. Some of the duties of our counselors include living in the dorm with the students, being in authority over the students, and leading Bible studies for the students during small group time. Please include in your letter the length of time you have known the person, together with their strengths and any weaknesses you know of that would hinder his/her role of counselor.

Mail to:

**Ballet Magnificat! Workshop
5406 I-55 North
Jackson, MS 39211**

Thank you,

Erin Beaver

Director of Personnel and Operations

Ballet Magnificat!



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Thank you,

Erin Beaver

Director of Personnel and Operations

Ballet Magnificat!

Forms on Pages 9, 10 and 11 should be turned in by April 26, 2019, if you are accepted as a Counselor this year.

Photo/Videography Release *(Due April 26)*

Dear Counselor:

We often update our website and may use some pictures and video footage taken from past workshops. Plans have been made to take updated pictures for use in future brochures and other publications representing classroom and general workshop settings. Photos and videography would never be intentionally used in such a way to reflect negatively on their subjects. Please read and sign the release below if you consent to its conditions.

R E L E A S E

I, _____ (Print name), grant to Ballet Magnificat!, its employees, agents, and assignees, the right and permission to make, reuse, and/or publish photographic pictures or video tapings of me, which may be used in connection with my own or a fictitious name, for any purpose whatsoever including the use of any printed matter. I waive any right to inspect or approve either the finished photograph or video or the printed matter or video with which it may be used in conjunction.

Signature _____ Date _____

Print Name _____

CONFIDENTIAL RECORD Medical Emergency Release (Due April 26)

Please fill out completely.

Name: _____ Date of Birth: _____

Address: _____

Medical Insurance Carrier: _____ Policy # _____

Insured's Name and Date of Birth: _____

REQUIRED: Photocopy of current insurance card - attached.

Current Physician's Name (please print): _____

Physician's Office Phone: (____) _____ After-hours emergency #: (____) _____

EMERGENCY CONTACT (This is the person we will call if you suffer a medical emergency):

Name: _____

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

Relationship: _____

CREDIT CARD INFORMATION

Card Type: Visa Mastercard American Express Discover Name on Card _____

Card # _____ - _____ - _____ - _____ Exp Date ____ / ____ CVV ____ Zip code _____

Credit Card Authorization Signature: _____

> Describe any injuries or diagnosed conditions in the last year: _____

> Please list any/all allergies: _____

> Any presently existing or persistent condition/infection? (i.e. asthma, bursitis, etc.) _____

> Please list any medications you are currently taking: _____

> _____

> Are you on a special diet of any kind? (If yes, please explain.) _____

CONSENT FOR TREATMENT

In the case of an emergency where I am not able to make decisions for myself, I hereby agree to the performance of such treatment, anesthetics, and operations as deemed necessary by the attending physician.

Signature of Applicant

Date: _____

LIABILITY RELEASE

I/We hereby release Ballet Magnificat! and Belhaven University, their agents, employees, and volunteer assistants, from any liability whatsoever arising out of any injury, damage, or loss which may be sustained by the above-named person during the Summer Intensive.

Signature of Applicant

Date: _____

Counselor Transportation Form (If you are traveling by plane, please get your forms in asap and no later than April 26)

Name: _____

Transportation will be provided by which of the following:

- AIRPLANE GREYHOUND AUTO AMTRAK

Airline: _____

Please fill out the following **COMPLETELY**, listing all connecting flights, or send a copy of your ticket.

TRIP TO JACKSON: (circle either am or pm time)

Departure Date:	Departure Time:	Flight # (bus/train #):	From (city):	To (city):	Arrival Time:
	AM/PM				AM/PM
	AM/PM				AM/PM
	AM/PM				AM/PM

TRIP HOME: (circle either am or pm time)

Departure Date:	Departure Time:	Flight # (bus/train #):	From (city):	To (city):	Arrival Time:
	AM/PM				AM/PM
	AM/PM				AM/PM
	AM/PM				AM/PM

EXAMPLE: airline: Northwest

Departure Date:	Departure Time:	Flight# (bus/train #):	From (city):	To (city):	Arrival Time:
Trip to Jackson:					
MM/DD	8:30 AM	2308	Denver, CO	Houston, TX	12:00 PM
MM/DD	1:15 PM	1462	Houston, TX	Jackson, MS	2:45 PM
Trip Home:					
MM/DD	9:15 AM	2596	Jackson, MS	Houston, TX	10:45 AM
MM/DD	12:00 PM	3404	Houston, TX	Denver, CO	3:30 PM

AUTO: Driving Other

Arrival in Jackson: Date: _____ **Estimated Time of Arrival:** _____ AM/PM

Departure from Jackson: Date: _____ **Estimated Time of Departure:** _____ AM/PM

- YES**, I will need transportation **FROM AND TO** the airport/station (PARTICIPANTS ONLY).
- YES**, I will need **SPECIAL ASSISTANCE** with my transportation and have written an explanation on the back.
- NO**, I will **NOT** need Ballet Magnificat's transportation assistance on arrival/departure days.
- Yes No Will you have your own car on campus?