

**DIRECTOR RESUME AND APPLICATION
WOMEN OF NOTE CHORUS**



This form can be completed on your computer by clicking in any field or box, or printed and completed by hand.

Name	Home Phone
Email Address	Cell Phone
Street Address	
City, State, Zip Code	
Best Contact Number: <input type="checkbox"/> Cell Phone <input type="checkbox"/> Home Phone	Best Time to Reach You:

A. Availability

<p>1. Indicate your availability for the following</p> <p><input type="checkbox"/> Weekly evening rehearsals Performances: <input type="checkbox"/> Daytime <input type="checkbox"/> Evening <input type="checkbox"/> Weekend</p>
<p>2. Occupation _____</p> <p>Employer _____</p>

B. Background and Training in Barbershop Harmony

<p>1. Present and past membership or participation</p> <p><input type="checkbox"/> Sweet Adelines International <input type="checkbox"/> Harmony, Inc. <input type="checkbox"/> Barbershop Harmony Society <input type="checkbox"/> _____</p>
<p>2. Chorus and quartet participation</p> <p>List all choruses and quartets of which you have been a member. Include dates and your role (i.e., chorus member, section leader, choreographer, assistant director, director, team or board member, committee chair)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>3. Other experience</p> <p><input type="checkbox"/> Coaching <input type="checkbox"/> Teaching <input type="checkbox"/> Judging <input type="checkbox"/> Arranging <input type="checkbox"/> Other: _____</p> <p>Details: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>4. Barbershop training and education</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>



C. Background and Training in General Music

1. Indicate areas of participation during high school or college					
<input type="checkbox"/> Choral Groups	<input type="checkbox"/> Show Choir	<input type="checkbox"/> Instrumental Groups	<input type="checkbox"/> Stage Band	<input type="checkbox"/> Theater	
<input type="checkbox"/> Other: _____					
2. Higher education					
Did you study music in college? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Total music hours studied: Undergraduate _____ Graduate _____					
Indicate areas of concentration: <input type="checkbox"/> Vocal Technique <input type="checkbox"/> Composition <input type="checkbox"/> Music Theory <input type="checkbox"/> Directing Technique					
<input type="checkbox"/> Instrumental <input type="checkbox"/> Theater <input type="checkbox"/> Other: _____					
3. Directing experience					
Vocal Groups:	<input type="checkbox"/> School	<input type="checkbox"/> Church	<input type="checkbox"/> Community	<input type="checkbox"/> Barbershop	<input type="checkbox"/> Other: _____
	<input type="checkbox"/> Grades 1-6	<input type="checkbox"/> Junior High	<input type="checkbox"/> Senior High	<input type="checkbox"/> College	<input type="checkbox"/> Adult
Instrumental:	<input type="checkbox"/> School	<input type="checkbox"/> Church	<input type="checkbox"/> Community	<input type="checkbox"/> Barbershop	<input type="checkbox"/> Other: _____
	<input type="checkbox"/> Grades 1-6	<input type="checkbox"/> Junior High	<input type="checkbox"/> Senior High	<input type="checkbox"/> College	<input type="checkbox"/> Adult

D. Compensation

Indicate your anticipated compensation

E. References

Please provide names and phone numbers for the following individuals:
<input type="checkbox"/> Teacher you studied under _____
<input type="checkbox"/> Student you taught _____
<input type="checkbox"/> Member of a chorus you directed _____
<input type="checkbox"/> Director with whom you worked _____
<input type="checkbox"/> Personal reference _____

F. Other

Include anything else you would like to tell us about yourself

