MASS MoCA

Art Ninjas Camp Counselor Application

Name			
Address			
Email	Phone		Age
Are you CPR/First Aid certified?			
YES NO			
Education Experience:			
Name of school	Location	Major (if applicable)	Date of (projected) graduation
Please list 2 references (not a rela	tive) that we may contact	:	
Name: Position o	r Relationship :	<u>Phone #:</u>	<u>Email:</u>

What characteristics do you possess that make you a good counselor and instructor?

What experience do you have working with children?

What experience do you have teaching art?

Why do you want to work for MASS MoCA Art Ninjas Camp?