|  |  |
| --- | --- |
|  | RiversEdge ChorusSweet Adelines International |

# Application for Director

## Applicant Information

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Date: |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Cell Phone: |  | Home Phone: |  |

|  |  |
| --- | --- |
| Email: |  |

## General Music Background

|  |  |
| --- | --- |
| Describe your formal music education: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Do you have any experience in the barbershop art form?  | YES[ ]  | NO[ ]  |  |
| If so, please describe: |  |

*Did you participate in any of the following in high school or college?*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Choral Groups | YES[ ]  |  | Instrumental Groups | YES[ ]  |
| Show Choir | YES[ ]  |  | Stage Band | YES[ ]  |
| Other: |  |

*Have you participated in any of the following?*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Community Vocal Groups | YES[ ]  |  | Community Theater | YES[ ]  |
| Church choir | YES[ ]  |  |  |  |
| Other: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Do you have any directing experience?  | YES[ ]  | NO[ ]  |  |
| If so, please describe: |  |

## Availability

|  |  |  |  |
| --- | --- | --- | --- |
| Occupation: |  | Employer: |  |

*We meet on Monday evenings from 6:45 to 9:00 pm*

|  |  |  |  |
| --- | --- | --- | --- |
| Are you available to attend (and direct) weekly chorus rehearsals? | YES[ ]  | NO[ ]  |  |

*Would you be available to direct the chorus for:*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Daytime performances? | YES[ ]  | NO[ ]  |  | Evening performances? | YES[ ]  | NO[ ]  |
| Weekend performances? | YES[ ]  | NO[ ]  |  |  |  |  |
| If no, please explain: |  |

*Indicate when you would be available to attend chorus meetings and educational events:*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Weekdays | YES[ ]  |  | Weekends | YES[ ]  |
| Evenings | YES[ ]  |  | Summers | YES[ ]  |
| Please provide explanation for the times when you are not available: |  |

## References

*Please provide three references who know you well enough to comment on your musical experience, directing style and skills*

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Occupation/Musical Position: |  |
| Email: |  | Phone: |  |
|  |  |  |  |
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| Email: |  | Phone: |  |
|  |  |  |  |
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| Email: |  | Phone: |  |
|  |  |  |  |

**Please add a page if there is something we’ve overlooked that you would like to share with us.**

**Return this application to:**

**RiversEdge Director Search Committee**

**ATTN: Beth Garske**

**P. O. Box 141763**

**Spokane, WA 99214-1763**

**(509) 953-9536 / intunebeth@aol.com**