

# The MUSIC BOX, Inc.

2679 Route 55  
Poughquag, New York 12570  
(845) 724-5867

## Instructor Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ e-mail : \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Instrument(s) or Voice: \_\_\_\_\_

Certification: \_\_\_\_\_ Degree: \_\_\_\_\_ Formal Training: \_\_\_\_\_  
(name of school or college)

References; name, relationship, and phone:

\_\_\_\_\_  
\_\_\_\_\_

Emergency contacts; name, relationship, and phone:

\_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_ If Yes, please explain on back; include dates.

Does Instructor have instrument(s)? \_\_\_\_\_

Desired length of weekly lesson for age group:

30 minute \_\_\_\_\_

45 minute \_\_\_\_\_

60 minute \_\_\_\_\_

Lesson Books preferred: \_\_\_\_\_

Days and times available: \_\_\_\_\_

Please use the back to indicate any other areas of teaching you would be interested in.