



**NYIBC Counselor  
- Interest Form -**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Country \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_ Emergency Contact Phone \_\_\_\_\_

Best hours to be reached:

Work \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

Why are you interested in becoming a counselor for NYIBC? \_\_\_\_\_

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

Please summarize your special skills or qualifications. \_\_\_\_\_

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

What languages do you speak? Please check all that apply.

English  French  Spanish  Russian  Chinese  Korean Other(s) \_\_\_\_\_

Are you currently dancing? If yes, where? \_\_\_\_\_

How did you learn about NYIBC and our Counselor opportunity? \_\_\_\_\_

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