



LIMELIGHT PERFORMING ARTS
**YOUTH ASSISTANT INSTRUCTOR
PROGRAM APPLICATION**

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108 - 650 Allandale Rd, Victoria, BC V9C 0S2

2024-2025 YOUTH ASSISTANT INSTRUCTOR PROGRAM APPLICATION

Program applications are accepted via mail, email, or dropped off at the Limelight studio guest services desk. All program applicants must submit;

- A. Youth Assistant Instructor Program Application (This Form)
- B. Artistic Resume (Resume Detailing Applicant's Performing Arts Experience)

Offerings are determined by space availability and funding allowance. The total number of positions awarded is limited.

Please read carefully - Incomplete applications will not be processed until all required information is received.

PERSONAL INFORMATION

Name of Student: _____ Gender: _____

Birthdate: _____ Grade: _____

Email: _____ Phone: _____

Name of Parent(s) / Guardian(s): _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Email: _____ Phone: _____

EXPERIENCE

Please indicate how many years of experience you have in the following areas:

Dance: _____ Music: _____ Theatre: _____

Please indicate if you have any childcare experience:

DISCIPLINES (check all that you are applying for):

- Dance
- Music
- Theatre

PROGRAMS OF INTEREST (check all that you are applying for):

- Summer Camps
- Summer Recreational Intensives
- Summer Pre-Professional Intensives
- School-Year Recreational Classes
- School-Year Pre-Professional Classes
- Limelight Company Team

PREFERENCES

Are there any classes in particular you would like to assist?

ARTISTIC RESUME

Please write a short (1 page max) resume detailing your performing arts experience. Include what disciplines, programs, and classes you have trained in and for how long.

ACKNOWLEDGMENT

All the information I have provided on this application is correct. I understand that any omission or misrepresentation of my experience or skills is grounds for my termination.

All assistant positions are awarded based on availability.

Limelight will never discriminate based on race, religion, national origin, gender identity or expression, sexual orientation, age, marital, or disability status.

Student Signature:_____ Date:_____

Parent/Guardian Signature:_____ Date:_____

OFFICIAL USE ONLY

Intaking Representative:_____ Received:_____

Meets eligibility requirements for these positions:

Application Accepted: Yes No

Positions awarded:

Owner Signature:_____ Date:_____