

3. *If you had a meeting scheduled with a facility that was interested in music therapy, but was on the fence as to whether or not they should invest in MT services, what would you be **sure** to include in your presentation/meeting in order to convince them to hire you/your company?*

4. *Who has influenced you the most when deciding what type of music therapist you want to be?*

5. *Why are you interested in working with Metro Music Therapy?*

6. *Why would you be a valuable addition the Metro Music Therapy team?*

7. *Professionally, where do you see yourself in 10 years?*

Please list 3 Professional References and their contact information:

- | | | | |
|----------|--------|--------|--------|
| 1. Name: | Title: | Phone: | Email: |
| 2. Name: | Title: | Phone: | Email: |
| 3. Name: | Title: | Phone: | Email: |

Applicant's signature:

Please send completed application, along with cover letter and resume, to:

Mallory Even, LPMT, MT-BC
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Board Certified Music Therapist
Certified NICU Music Therapist
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