



Assistant Teacher Application

Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Availability

During which hours are you available for volunteer assignments?

- Weekday mornings Weekend mornings
 Weekday afternoons Weekend afternoons
 Weekday evenings Weekend evenings

Interests

Tell us in which areas you are interested in assisting

- Ballet-/Tap Ages 5 to 7
- Jazz/Hip Hop- Ages 5 to 7
- Tumbling/Acro- Pre Primary to Level 2
- Ballet/Tap- Ages 8+
- Contemporary/Jazz- Ages 10+
- Hip Hop Level 1
- Hip Hop Level 2
- Administrative
- Other _____

Special Skills or Qualifications

Summarize any special skills and qualifications you have acquired from projects, employment, previous volunteer work, or through other activities, that you would bring to the Teacher Training Program.

Previous Volunteer Experience

Summarize your previous work experience (not necessarily paid employment, any volunteer experience)

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Personal Interest

What have you recognized in yourself as specific qualities that would have you succeed as a teacher assistant ?

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Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Agreement and Signature

By submitting this application, I affirm that the facts and opinions set forth in it are true and complete. I understand that if I am accepted as a participant, I agree to follow all policies & requirements of the program and will be subject to review at any time.

Name (printed)	
Signature	
Date	