Assistant Teacher Training Application

Contact Information

Name: _____
Street Address: _____
City, State, Zip Code: _____
Home Phone: _____
Alternate Phone: _____

Availability

During which hours are you available for volunteer assignments?
*Please list hours.

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

Interests

Tell us in which areas you are interested in assisting

- ☐ Ballet
- ☐ Tap
- ☐ Jazz
- ☐ Hip Hop
- ☐ Adaptive Dance
- ☐ 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).

Personal Interest

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

Person to Notify in Case of Emergency

Name: _____
Street Address: _____
City, State, Zip Code: _____
Alternate 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: _____