Teachers/Teacher Assistants Application



Name	Employed/Retired	Volunteering Where		
DOB/Age	Email	Cell/Home		
Address				
Emergency Contact Name	Emergency Conta	act Phone No		
Church/Religion	Biblical Interest	Race/Ethnicity		
Subject (s) of Interest	Years of Teaching Experience	Are you a Licensed or Certified Teacher?:		
Subject Matter Expert	Highest Level of Education	Do you create your own syllabus for your class?		
Experience with e-learning/virtual teaching? If yes, for what program?				
Will you be able to commit to class schedules, events & rehearsals?				

Are you able to assist other teachers and director as needed during events/programs?

What disciplinary action do you use?

How do you handle a child's disruptive behavior?



Reference #1 Name	Reference #1 Phone No.	Reference #1 Email
Reference #2 Name	Reference #2 Phone No.	Reference #2 Email
Reference #3 Name	Reference #3 Phone No.	Reference #3 Email

All program times vary based on enrollment. What are your available times? Is there any flexibility?

Will you permit us to use photos of yourself if taken during classes, events, and rehearsals for marketing purposes?

How did you hear about us?

Any additional info you would like to share about your areas of expertise:

Your Signature

Date

Please also attach your resume (required), any Teaching License/Certifications and any optional attachements