

CAMP COUNSELOR APPLICATION

9158 Winton Road, Building A, Cincinnati, Ohio 45231, Phone 513-522-1410
please email to lzupon@springfieldtp.org

APPLICANT INFORMATION

Date: _____

Birth Date: _____

Name: _____
Last First Middle

Present Address: _____
Street City State Zip

Permanent Address: _____
Street City State Zip

Phone Number: () _____ Cell Phone Number () _____

Email Address: _____

Do you hold a teaching license? Yes No

If yes, what type of license do you hold? _____

Are you 18 years of age or older? Yes No

AVAILABILITY

Are you available to train during the week of 6/8/20 – 6/12/20? Yes No

Are you available to teach the 7 weeks of camp, June 15 through July 31? Yes No

Are you willing to teach bi-weekly or as needed, depending on enrollment? Yes No

EXPERIENCE/EDUCATION

Name of School	Area of Study / Last Year Completed

Current Employment Status: Full-time Part-time Not Employed

Current or Most Recent Position Held: _____

	Job	Employer	Telephone
Previous Employer & Date	Title		

Have you taught classes or assisted an instructor before? If so, where: _____

What is your Art Experience? What Art classes have you taken? _____

Name the types of Art Skills/Media Used: _____

CLASSROOM GOALS

Describe your teaching philosophy. (You can attach a written philosophy statement if you have one.)

What interests you most about teaching art? _____

What types of art lessons would you like to teach children? _____

PROFESSIONAL REFERENCES

Name	Relationship & Contact Information (email and/or telephone number)

ART EXAMPLES

Please provide three (3) lessons/lesson plans produced *solely by you* which you believe are representative of your skills and curriculum philosophy as an educator.

DISCLAIMER AND SIGNATURE

(Please read carefully before signing)

I certify that the facts contained in this Instructors Application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, misrepresentation on this application is sufficient cause for refusal to accept, or dismissal if I have been accepted as an intern, no matter when discovered by ArtsConnect.

I understand that filling out this application does not indicate there is a teaching position open and does not obligate ArtsConnect to accept an instructor. If accepted, I agree to abide by all ArtsConnect work rules, policies, and procedures. ArtsConnect retains the right to revise its policies or procedures, in whole or part, at any time.

I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I understand that instructors are contracted. No promises regarding employment have been made to me, and I understand that a contract does NOT result in employment with ArtsConnect or Springfield Township.

Date _____

Signature _____