



Name: _____ Phone: _____

Address: _____ Email: _____

Applied For: Class Instruction: _____ One Day Workshop Leader
 Frequency of class _____ Performance / Interactive Activity
 Duration of class _____ Assistant / Staff
 Length of class _____ Other (Explain on separate sheet)

Have you ever been convicted of a crime? Yes No

If Yes, please explain: _____

<u>Education</u>	<u>Name/Address</u>	<u>Course/Major</u>	<u>Graduate?</u>	<u>Diploma/Degree</u>
High School:	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
College / Trade:	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Other:	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Training

Please describe pertinent training: _____

Employment History

Employer: _____ Dates Employed: _____
 Address: _____ (mm / dd / yy – mm / dd / yy)

Supervisor: _____ Phone: _____
 Job Title / Pay Rate: _____ USD/Year
 Duties: _____ Reason for Leaving: _____

Employer: _____ Dates Employed: _____
 Address: _____ (mm / dd / yy – mm / dd / yy)

Supervisor: _____ Phone: _____
 Job Title / Pay Rate: _____ USD/Year
 Duties: _____ Reason for Leaving: _____

Employer: _____ Dates Employed: _____
 Address: _____ (mm / dd / yy – mm / dd / yy)

Supervisor: _____ Phone: _____
 Job Title / Pay Rate: _____ USD/Year
 Duties: _____ Reason for Leaving: _____

Talents/Skills

Please describe the talents and skills you feel are valuable to your proposal: _____

Number of Participants*: _____ Targeted Age Group: _____

* Please note the following with regards to number of children participants:

Age of Participant	Staff: Child Ratio	Maximum Group Size
3 years	1:7	18
4 years	1:8	21
5 years	1:9	24
6-9 years	1:10	20
10-12 years	1:15	30

*****ALSO NOTE YOU MUST PROVIDE YOUR OWN ASSISTANT, WHO WILL ALSO NEED TO FILL OUT AN APPLICATION AND BACKGROUND CHECK.**

Program Description:

Skill Level: All levels Beginner Intermediate Advanced
Proposed Start Date: _____ **Proposed Dates & Times:** _____ **Number of Sessions:** _____
Format: One Day ____ Days Weekly **Hours per session:** _____
 Other: _____

*Instructors receives 70 percent of TOTAL registration fee
Instructors are to pay assistants/additional staff from their 70%
Creative Connections receives 30 percent of total registration fee
Creative connections to be reimbursed for any materials cost
Instructor reimbursed with the remainder of this fee*

Class Fee per student: _____ **Minimum Class Size:** _____ **Maximum Class Size:** _____

Additional Materials Fee? _____

Materials fee covers?	Additional materials needed (student supply list)?

Items required from facility/grounds for a successful program?	Special Equipment / Special Requirements?
--	---

Additional Information that would be helpful for the center to know about your workshop / program:

IF YOUR WORKSHOP/PROGRAM USES ELECTRICAL, FIRE AND/OR CERTAIN HAZARDOUS MATERIALS, THEN YOU MUST PROVIDE AN INSURANCE RIDER.

- Checklist:**
- Simple Syllabus
 - Images, if any
 - Biography and/or resume
 - Any promotional materials you would like us to use
 - Insurance Rider (if applicable)
 - List of additional staff if you are bringing additional staff

Professional References

Name:	_____	_____	_____
Title:	_____	_____	_____
Employer:	_____	_____	_____
Address:	_____	_____	_____
Phone:	_____	_____	_____
How long have you known?	_____	_____	_____
In what capacity do you know them?	_____	_____	_____

Other Information and Signature

Have you applied to this organization before? Yes No (If yes, when? _____)

Are you at least 18 years old? Yes No

In case of emergency who should be contacted? _____ Phone: _____

I, the undersigned state that the information I have provided herein is accurate and true to the best of my knowledge. I understand that providing false information, misrepresenting myself, or omitting any facts herein, is grounds for ending a contract with this organization. I also understand that I may be required to supply birth certificate or other proof of authorization to work in the United States.

_____ Signature	_____ Date
--------------------	---------------