



Instructor Application

Name (Please Print): _____ fax: _____
 Phone: (day) _____ (home) _____ (mobile) _____
 e-mail: _____ website: _____
 home address: _____
 city: _____ state: _____ zip: _____
 birthday: _____ social security number: _____

Please circle the programs that you are interested in:

Summer Camps Youth Workshops Adult Classes Adult Workshops

Please circle when you are available to teach: (Please choose from each category.)

Winter Spring Summer Fall
 Monday Tuesday Wednesday Thursday Friday Saturday
 Morning Afternoon Evening

Briefly describe classes or camps that you would like to teach.

Briefly describe the physical space, equipment and materials that would be needed?

Please attach resume and any supplemental material (lesson outlines, portfolios, etc.)

Application and materials can be mailed to the address below.