

Interested in Teaching at Studio ACE?

Please note: All Studio ACE teachers and volunteers must undergo a confidential background check.

Are you interested in becoming a teacher at Studio ACE? Tell us more about yourself!

Contact Information

First and Last Name _____

Email _____

Phone Number _____

Street Address _____

City _____

State _____ Zip Code _____

Tell us a little bit about your teaching experience with the arts.

What kind of classes would you like to teach at Studio ACE?

Please Fill Out Other Side

I would like to teach (Check all that apply)

Children _____ Teens _____ Adults _____ Specialized _____

Availability

What days are you available? (Circle all that apply)

Tuesdays Wednesdays Thursdays Fridays Saturdays Sundays

I prefer to teach (Circle all that apply)

Weekdays Weekends Nights

What time of day are you available? (Circle all that apply)

Mornings Afternoons Evenings

What languages other than English do you speak? _____

Please list emergency contact name: _____

Emergency contact number: _____

Please verify that you have read and understand the terms of this application. The information I have provided is accurate and current. I understand that acceptance as a teacher at Studio ACE is based on a background check, assessment by program staff and the availability of a suitable position for me and I further understand that submitting this application does not guarantee a teaching position. I understand that misrepresentation may be cause for dismissal. I authorize verification of all information contained in this application. As a teacher at Studio ACE I agree to follow all guidelines and policies. I am aware that Studio ACE has the right to release me from service at any time. I realize and agree to hold Studio ACE harmless in the event that I am injured during my teaching activities. I hereby release them from any liability related to such an event. Please enter your full name. Your entered name is your electronic signature that you agree with the terms and conditions of this application.

☐ I agree to the above statement Date: _____

☐ I agree to a confidential background check. Here is my birthdate: _____

Signature _____

For Office Use Only: Date Received _____ By: _____ Date Called _____ By _____