

VISION



DANCE ACADEMY

TEACHING ASSISTANT APPLICATION FORM

PLEASE RETURN TO THE OFFICE NO LATER THAN JULY 12, 2011

APPLICANTS MUST BE TWELVE YEARS OLD BY DECEMBER 31ST 2010.

PLEASE PRINT:

NAME _____

HOME PHONE _____ EMAIL _____

BIRTHDATE _____ CURRENT AGE _____

1. PLEASE LIST THE DANCE CLASSES THAT YOU INTEND TO ENROLL IN NEXT SEASON AT VISION DANCE ACADEMY.

- ✓
- ✓
- ✓
- ✓
- ✓
- ✓
- ✓

2. PLEASE LIST ANY EXPERIENCE WORKING WITH YOUNG CHILDREN (E.G. BABYSITTING).

3. WHY ARE YOU INTERESTED IN APPLYING TO THE VISION DANCE ACADEMY T.A. PROGRAM?

4. WHAT DO YOU FEEL IS YOUR ROLE AND RESPONSIBILITY IN THE DANCE STUDIO?

5. WHAT DO YOU FEEL ARE THE QUALITIES OF A GOOD TEACHING ASSISTANT?

6. DO YOU HAVE AN INTEREST IN PURSUING A CAREER IN DANCE EDUCATION AND / OR WORKING WITH YOUNG PEOPLE IN SOME CAPACITY? IF SO, PLEASE EXPLAIN.

7. IF ACCEPTED INTO THE VISION DANCE ACADEMY TEACHING ASSISTANT PROGRAM, WHEN ARE YOU **NOT** AVAILABLE TO ASSIST? PLEASE ONLY LIST TIMES THAT ARE IMPOSSIBLE FOR YOU TO ASSIST. (IT IS NOT NECESSARY TO LIST TIMES WHEN YOU ARE ATTENDING OTHER CLASSES)

(Your preferences will be taken into consideration; however, we may not be able to accommodate all requests. Note: the better your availability, the more likely we can accommodate you).

X
X
X
X
X

8. IF ACCEPTED INTO THE T.A. PROGRAM, HOW MANY CLASSES PER WEEK ARE YOU INTERESTED IN ASSISTING? (PLEASE CIRCLE)

1

2

3

4

ARE YOU PREPARED TO COMMIT YOURSELF TO THE VISION DANCE ACADEMY TEACHING ASSISTANT PROGRAM BY MAINTAINING CONSISTENT ATTENDANCE, PUNCTUALITY, PROPER GROOMING AND GENERAL VISION DANCE ACADEMY STANDARDS? IF SO, PLEASE SIGN AND DATE BELOW.

SIGNATURE:

DATE: