

**CHILDREN'S CREATIVE WORKSHOPS
INSTRUCTOR APPLICATION**

Name: _____ Phone (H) _____

Address: _____ (W) _____

_____ FAX _____

Email: _____

Please check each session and time you wish to teach. We cannot guarantee that you will receive all your requests.

Session 1: July 12 – July 23 9:00 a.m. – 10:30 a.m. 10:30 a.m. – 12:00 p.m.

Session 2: July 26 – August 6 9:00 a.m. – 10:30 a.m. 10:30 a.m. – 12:00 p.m.

Proposed course title: _____

Describe your class and course objectives in as much detail as possible. Please submit a clever description for your class, as you would like it to appear in the brochure. Help sell your class!

Grade Range (please circle): K 1 2-3 3-4 4-8

Maximum number of students per class 15 Assistant requested? _____

What do you estimate the cost per student for class supplies _____

Special room or equipment needed _____

Student provided supplies _____

(Returning instructors proceed to signature, new instructors complete all of page 2)

For New Instructors Only:

Please provide us with two references we may contact regarding your teaching experience:

- 1. Name _____ Phone _____
Address _____

- 2. Name _____ Phone _____
Address _____

Give a brief summary of your background information, as you would like it to appear in the CCW brochure. Please include a resume if available: _____

(If new Instructor)

Interviews will be limited to approximately 30 minutes. Please indicate what days and times are convenient.

- Mornings 9:00 a.m. – noon** **Afternoons 12:30 p.m. – 5:30 p.m.**
- Monday Tuesday Wednesday
- Thursday Friday

The salary for instructors will be \$27.00 per hour.

Signature _____ Date: _____

<p>Office Use References checked: Yes <input type="checkbox"/> No <input type="checkbox"/></p>

Please return by February 28, 2010 to: CCW
225 Ninth Street
Del Mar, CA 92014