

Aim High St. Louis New Volunteer Teaching Assistant Application

Name: Last _____ First _____ Date _____

Address _____ City _____ Zip _____

Telephone _____ / _____ Email _____

School/College _____ Grade/Year _____ Gender _____

Birthdate _____ Ethnicity _____

Parent(s) _____ Phone _____

Parent/Guardian Address (if different than above) _____

Parent(s) Email _____

Do you have a valid Missouri Driver License? Y N If yes, # _____

Are you a former Aim High student? Y N

Please indicate the specific positions in which you are interested:

English Math Science Social Studies Elective : _____

Administrative Physical Fun Bus Snack Lunch Other: _____

Can you work the full schedule for the 5+ weeks of the summer program? Y N If no, please explain:

Why do you want to work as a Teaching Assistant in Aim High?

What do you believe are the most important qualities, values and skills needed to be a great TA?

Describe an important or memorable community service experience. How did it change or impact you?

What skills and strengths do you bring that will enhance the community, people and culture at Aim High?

Certification, Authorizations and Releases

I certify that the facts set forth in this application are true and complete to the best of my knowledge. I understand that if I am accepted, false statements on this application shall be considered sufficient cause for dismissal. This company is hereby authorized to make any investigations of statements and information presented in this application.

In connection with my application, I understand that a background investigation report may be requested that will include information as to my character, work habits, performance, and experience, along with reason for termination of past employment. I understand that you may be requesting information from public and private sources about my: criminal history records, driving record, court record, education, credentials, and references. _____(initial)

I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by Aim High St. Louis or its agent, to furnish the information described in this application. _____(initial)

Unless otherwise specified in writing, I give consent to the staff and/or agents of Aim High to interview/photograph/videotape me. I understand that the interview and photograph/videotape information may be used in Aim High and/or their collaborator’s local and national publications and websites, including promotional and testimonial efforts. _____(initial)

I understand that parts of my employment with Aim High may include situations where my health, safety and life may be at risk. I hereby hold harmless Aim High, its staff, partners, directors, volunteers, participants and other affiliates from all liabilities associated with _____(initial)

I understand that information collected in this application for service is confidential and will not be used for any other purposes beyond those required to work with Aim High St. Louis. I hereby release Aim High, its agents and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the request for or release of any of the above-mentioned information or reports. _____(initial)

I have never been convicted of any felony, child abuse or unlawful sexual offense and have never been charged with the commission of an act of child abuse or unlawful sexual offense. _____ (initial). Further I understand that a position with Aim High St. Louis may require my attendance at a training specific to sexual abuse and harassment. _____ (initial).

Emergency Contact Information: Please contact the following individual(s) in the event of an emergency:

Name _____ Phone(s) _____ / _____ Relationship _____

Name _____ Phone(s) _____ / _____ Relationship _____

Emergency Medical Information: If I am unable to provide instructions for my own care or my designated emergency contacts/e cannot be reached, in case of an emergency requiring medical care, I authorize the administration of Aim High to contact my doctor and/or contact 911.

Preferred Physician: _____ Phone: _____ Address: _____ Zip: _____

Preferred hospital for medical treatment: _____

I attest that I have read and understand fully the contents and permissions granted in this application.

Applicant Signature _____ Date _____

Parent Signature (required if under 18) _____ Date _____