

VISION



DANCE ACADEMY

TEACHING ASSISTANT APPLICATION FORM

PLEASE RETURN TO THE OFFICE

APPLICANTS MUST BE TWELVE YEARS OLD BY DECEMBER 31ST 2015.

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?
