

**TEACHING ASSISTANT
APPLICATION FORM**

APPLICANTS MUST BE ELEVEN YEARS OLD BY DECEMBER 31ST OF THIS YEAR.

PLEASE PRINT

NAME _____

HOME PHONE _____

EMAIL _____

BIRTHDATE _____

CURRENT AGE _____

1. Please list the dance classes you intend to enroll in next season at WSD.

2. Please list any experience working with young children (e.g. babysitting).

3. Why are you interested in applying to the WSD 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 WSD 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 at WSD).

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

8. If accepted into the T.A. Program, how many classes per week are you interested in assisting? (please circle)

1 2 3 4 5 OR MORE

ARE YOU PREPARED TO COMMIT YOURSELF TO THE WSD TEACHING ASSISTANT PROGRAM BY MAINTAINING CONSISTENT ATTENDANCE, PUNCTUALITY, PROPER GROOMING AND GENERAL WSD STANDARDS? IF SO, PLEASE SIGN, DATE AND RETURN THIS FORM TO THE ADMISSIONS OFFICE. THANK YOU.

SIGNATURE _____

DATE _____