



### Teaching Application Form

Date

\_\_\_\_\_

Name (First, Middle Initial, Last)

\_\_\_\_\_

Address

\_\_\_\_\_

\_\_\_\_\_

Phone

\_\_\_\_\_

Email Address

\_\_\_\_\_

In case of emergency, who should we contact?

Name \_\_\_\_\_ Phone \_\_\_\_\_

Please indicate the Session or Sessions you are applying to teach:

Artist Teaching Sessions	Dates	Time	Grades
Session 1	June 6 – 9 2017	8 a.m. – 3 p.m.	1st – 2nd
	June 13 – 16, 2017	8 a.m. – 3 p.m.	3rd – 5th
Session 2	June 20 – 23 2017	8 a.m. – 3 p.m.	6th – 8th
	June 27 – 30, 2017	8 a.m. – 3 p.m.	9th – 12th

Education (highest grade, degree, major, and school)

\_\_\_\_\_

Are there any tasks you cannot do? (ex: lifting heavy objects or standing for long periods).

\_\_\_\_\_



Have you ever pleaded No Contest to, or been convicted of, a First-Degree Misdemeanor or any Felony?

\_\_\_\_\_

Do you have a valid driver's license? If yes, indicate the State and Expiration Date

\_\_\_\_\_

**Please Provide Two Professional Recommendations**

1. Name and Title \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

2. Name and Title \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

I understand that the City at times handles sensitive or confidential information. I agree to not disclose any information obtained by me while engaged in my volunteer duties unless specifically authorized in advance by a supervisor. I understand that my failure to comply with this paragraph will result in my removal from the volunteer program.

I hereby, indemnify and hold the City harmless for any injury to myself or my property while engaged in volunteer activities with the City. I agree that the City will not be responsible for any activities, liability, suits or damages which occur during or as a result of my volunteer status with the City, which occur outside the scope of the responsibilities and duties assigned me.

I hereby authorize the City of Orlando, its designee, or agent, to receive full and complete disclosure of all records relating to me.

The statements made by me in this application are true and complete to the best of my knowledge. I understand that any misstatements or material omission on this application will be considered sufficient cause to disqualify me for volunteer opportunities with the City of Orlando.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_