INSTRUCTOR APPLICATION

Name: _____
First Middle Last

Address: _____
City State Zip Code

Primary Phone: _____ Email: _____

Second Phone: _____ Birth Date: _____

Education: High School: _____ Location: _____

College: _____ Location: _____

Qualifications: _____

_____

Subject(s) you desire to teach*: _____

_____

*****Please attach a description of the course with a title. Courses may range from a one-night workshop up to a ten-week (one session per week) course. **Sale of products is prohibited.**

Personal References: Name Address Daytime Phone No.

1. _____

2. _____

3. _____

Teaching Experience: _____

_____

The following clearances must be provided by and paid for by the applicant <u>before the start of class</u>:
You may go to the web info below:

1) **Act 34, PA State Police Request for Criminal Record Check, ($10), www.psp.state.pa.us**
2) **Act 151, Child Abuse History Clearance, (Form CY-113), ($10), www.dpw.state.pa.us**

Signature: _____

Date: _____

Please mail application to:
Jackie Mullock
Palooza Activity Center, Inc.
P.O. Box 302
Spring House, PA 19477

Building Community and Fostering Friendships among Exceptional Young Adults and Beyond