

Davinci Camp Teacher Application

Leonardo's Children's Museum

At Leonardo's, our mission is to enrich and inspire children of all ages by creating fun learning opportunities. Camp Leonardo's has been meeting in this location since 1994 and is our largest and most successful program. Our goal is for it to be a fun experience for everyone involved.

Application date: _____ Contacted (staff use only): _____

Name: _____

Address: _____

Email Address: _____

Phone numbers: hm _____ wk _____ cell _____

Social Security Number: _____

Are you authorized to work in the United States? Yes _____ No _____

Have you ever been convicted of a felony? Yes _____ No _____

If yes, explain please: _____

Have you ever worked or volunteered at Leonardo's before? _____

If yes, in what capacity? _____

How did you learn of the position? _____

Are you able to stand for long periods of time? _____ Lift 40+pounds? _____

Check the weeks and times you are available.

(Morning session is 8:30-11:30 and Afternoon session is 1:30-4:30. You are only allowed to teach either the morning OR the afternoon session.)

Week 1, June 3-7 - Morning Session Afternoon Session

Week 2, June 10-14 - Morning Session Afternoon Session

Week 3, June 17-21 - Morning Session Afternoon Session

Week 4, June 24-28 - Morning Session Afternoon Session

Week 5, July 1-5 - Morning Session Afternoon Session (*No class on the 4th*)

Week 6, July 8-12 - Morning Session Afternoon Session

Week 7, July 15-19 - Morning Session Afternoon Session

Week 8, July 22-26 - Morning Session Afternoon Session

Please put in order from 1-4, 1 being first choice 4 being last choice which age group you would prefer.

_____ 4 year olds & Pre K _____ K _____ 1st & 2nd Grade _____ 3rd - 5th Grade

Comments on dates/times: _____

Please list any job experience and/or skills you have: _____

Please list any education you have and what degree earned: _____

Please continue on the back side of form.

Please list any certificates and/or honors received: _____

May we contact your current employer? Yes ___ No ___ if no, why? _____

Last supervisor's name: _____

ph#: _____ email: _____

Company name/Job Title: _____

Please list 3 work/personal references (please do not list relatives):

Name:	Phone #:	How do you know him or her?
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1. _____	_____	_____
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2. _____	_____	_____
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3. _____	_____	_____
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Name of Emergency contact/phone # and relationship?

Application deadline is: One month before camp begins.

I acknowledge that all information and statements provided are correct and made in good faith. I understand that if hired, I will agree to the rules and procedures of Leonardo's.

Signature: _____

Date: _____

Resume MUST be attached to application

Thank you,

Leonardo's is an Equal Opportunity Employer. It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, disability or other protected classification.

A reminder:

*Supplies will be purchased for your class provided supply lists are turned in by **two weeks before camp begins**. Any other expenses must be approved in advance by the Executive Director.*

Teachers are paid for instruction time only, not for preparation/set-up/clean-up times.

****Mandatory meeting for all summer camp teachers will be held. The date and time will be announced ASAP.**