

Dear Current and Prospective Art Teachers,

Thank you for your interest in teaching at the Columbus Arts Council! In becoming a teacher you will have the ability to use our facility as your classroom and offer your talents to the Golden Triangle Community.

The Columbus Arts Council (CAC), with the input of the teacher, will determine the cost of supplies and tuition per student per class.

What Students Pay	How the Pay is Divided
Tuition	60% is paid to the teacher.
	40% is paid to the CAC.
Supplies Cost	Used to purchase supplies.

*We will advertise the total cost (tuition +supplies), however, the teacher and the CAC's cut will only come out of the tuition.

In the extreme case of emergency where teacher can no longer fulfill the responsibility of teaching for his/her entire class session, the Columbus Arts Council may choose to prorate payment according to the number of classes actually taught. Any unprofessional conducts including, but not limited to discriminatory and abusive acts may result in loss of future opportunities for the teacher at the CAC. The Executive Director has full discretion in this matter and her decision is final.

To be a teacher at the CAC, you must be at least 18 years of age or older, have a high school diploma or higher, have some teaching experience, and be competent in the arts subject(s) that you want to teach. Please submit the following for consideration:

- CAC Course Proposal Application (attached).
- Consent to Perform Criminal Record Check (attached).
- Resume with at least 3 references.
- One sample lesson plan.
- A list of supplies and anticipated supplies cost.

Please submit these forms through email, mail, fax, or in person. Feel free to email or call us if you have any questions. Thank you and we look forward to hearing from you!

Sincerely,
Johannah A. Owusu, Americorps VISTA
T 662.328.ARTS (2787)
F 662.241.4089
johannah.columbusarts@gmail.com
www.columbus-arts.org

Columbus Arts Council
501 Main Street
P.O. Box 869
Columbus, MS 39701



CAC Course Proposal Application



Name _____

Address _____

City/ State/ Zip _____

Home Phone _____

Cell Phone _____

Email _____

Title of Course _____

Brief Course Description

Which of these would you prefer?

Weeks Class will meet __1__ __2__ __3__ __4__ __5__ __6__ __7__ __8__ __9__

Days Per week __1__ __2__ __3__ __4__ Duration (# of hours/day) _____

Which Days? __Tue__ __Wed__ __Thurs__ __Fri__ __Sat

What Time Frame(s) are convenient for you? _____

Which of the following age groups would this course matter apply to?

__2-3 year olds __Older Elementary (ages 10-12) __Adults of all ages

__Preschool (ages 4-5) __Young Teens (ages 13-15) __Older Adults

__Elementary (ages 6-9) __Teens (ages 16-18) __Intergenerational

How much do you think each student should pay for the course in tuition? _____

What is the maximum # of students you would like in one class at a time? _____

What is the minimum # of students for the class to make? _____

For every 10 students would you offer a scholarship? _____

Which of the following would you prefer?

I would like to buy supplies and submit an invoice for reimbursement.

I would like for the CAC to order and purchase supplies for this class.

I would like for each student to purchase their own supplies.

By submitting this application, I affirm that the facts set forth in it are true and complete to the best of my ability. I understand that if I am accepted as a teacher, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed): _____

Signature: _____

Date: _____

Columbus Arts Council Consent to Perform Criminal Records Check



I hereby give my consent to the Columbus Arts Council (CAC) to perform a criminal records check as required for the volunteer position for which I have applied.

I understand that I do not have to agree to this records check, but that my refusal may exclude me from consideration for teaching positions at the CAC.

I understand that the CAC will limit the information it collects to that needed to determine my suitability for particular types of volunteer work, that it will keep all such information confidential and destroy documents containing my Social Security number at the time it makes a decision to accept me as a volunteer.

Applicant's printed name: _____

Signature: _____ Date: _____
(CAC will keep top of this page for files)

Criminal Records Check Information

Date of birth: _____

Social security number: _____

Driver's license number: _____

Other name(s) you may be known as (e.g., maiden name, birth name, etc.):

(CAC will destroy bottom of this page when acceptance decision is made)