



Teacher Application

Name _____

Address _____

City/ State/ Zip _____

Home Phone _____

Cell Phone _____

Email _____

Title of Course _____

Brief Course Description

_____.

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.

* The CAC may already have some basic supplies that you may be able to use for your class.

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. Also, I am committed to teach on the date that I have agreed to do.

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 teaching 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 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 this page when acceptance or non-acceptance decision is made)