Dear Current and Prospective Art Teachers,

Thank you for your interest in teaching at the Columbus Arts Council (CAC)! 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.

There are many different opportunities to teach at the CAC: Summer Arts Camp, 1st Saturday Arts for All, other CAC arts programs, and art classes proposed by teachers themselves. We are seeking teachers who can teach literary, performance, and/or visual arts.

In Summer Arts Camp, 1st Saturday Arts for All, and other CAC arts programs, teachers will be paid an hourly rate of $8-$15, depending on the event.

For art classes proposed by teachers themselves, the payment will be as follows:

<table>
<thead>
<tr>
<th>What Students Pay</th>
<th>How the Pay is Divided</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition</td>
<td>60% is paid to the teacher.</td>
</tr>
<tr>
<td></td>
<td>40% is paid to the CAC.</td>
</tr>
<tr>
<td>Supplies Cost</td>
<td>Used to purchase supplies.</td>
</tr>
</tbody>
</table>

*The CAC, with the input of the teacher, will determine the cost of supplies and tuition per student per class. We will advertise the total cost (tuition + supplies), however, the teacher’s 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, the teacher must be at least 18 years of age or older, have a high school diploma or higher, and be competent in the arts subject that he/she wants to teach. Please submit the following for consideration:

- CAC General Teacher Application (attached).
- Consent to Perform Criminal Record Check (attached).
- Resume with at least 3 references.
- One sample lesson plan.

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!
CAC General Teacher Application

Name ____________________________________________________________

Address __________________________________________________________

City/ State/ Zip ___________________________________________________

Home Phone _______________________________________________________

Cell Phone _______________________________________________________

Email _____________________________________________________________

Please list all the arts subjects (literary, performance, & visual) that you are able to teach:

____________________________________________________________________________________

____________________________________________________________________________________

Which of these teaching opportunities are you interested in?

__Summer Arts Camp   __1st Saturday Arts for All   __Proposed Class   __All CAC Teaching Opportunities

Which of the following age groups do you work well with?

__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

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)