

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:

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.

*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!

T 662.328.ARTS (2787)
F 662.241.4089
www.columbus-arts.org



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

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)