

NOTO Community Arts Center

922 N. Kansas Avenue

Art Class Teaching Application

Name: _____

Address: _____

Phone H- _____ W - _____ C - _____

E-mail - _____

Class Proposal Information:

Name of class: _____

Preferred day and time to teach

1st choice: _____ 2nd choice: _____ 3rd choice: _____

Duration of class

Hour(s) _____ Week(s) _____

Minimum and maximum number of students and age range:

Minimum: _____ Maximum: _____ Age range _____

Equipment and materials required:

Suggested fee for class

Return electronically to:

notoartscenter@gmail.com

NOTO Community Arts Center **Art Class Instructor Application Materials**

Tell us about your teaching experience or attach a resume:

Please provide the contact information for three references:

1. Name: _____ Phone: _____
E-mail address: _____

2. Name: _____ Phone: _____
E-mail address: _____

3. Name: _____ Phone: _____
E-mail address: _____

Instructors at the NOTO Arts Center need to pass a Background Check and show proof of a recent negative TB Test. If you have questions regarding the background check or TB test, please contact us at notoartscenter@gmail.com.

Please answer the following questions.

TB Test

Yes/No: _____ Results: _____ Date: _____

Background Check

Yes/No: _____ Results: _____ Date: _____

I am a USD 501 employee

___ yes ___ no

Signature _____ Date _____