



The Gifted Child Society
 1 Myrtle Avenue, 2nd Floor
 Allendale, New Jersey 07401

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 admin@gifted.org

TGCS Ambassador Employment Application

I am a New Returning Employee Original Hire Date ___/___/___

Last Name _____ First Name _____ Date ___/___/___

Choose all the TGCS Ambassador Program Options for which you would like to be considered:

- Saturday Workshop Winter/Spring, 10 Saturday Mornings 9:30AM – 12:30PM, **Late February/Early March-May**
- Summer Super Stars Camp STEAM, Mon-Fri 8:30AM – 4:00PM, **Late June-Early August**
 (work six weeks or one of two three-week sessions, Session A or Session B, please specify) _____
- Saturday Workshop Fall, 10 Saturday Mornings 9:30AM – 12:30PM, **Late September-Mid December**
- Junior Instructor (min. 17 yrs old); I can teach (list your special subjects): _____
- Tutor, year-round (any age group); I am especially proficient in: _____
- Internship with TGCS (project & timing TBD): _____

Address _____ Apt. _____ City _____ State _____ Zip _____

Email _____ Cell # _____ Home # _____

Are you a TGCS Graduate? Yes No

Date of Birth ___/___/___ Current Grade _____

Current School Attending _____ School Address _____

If you have a degree(s), please list _____ School Graduated From _____

Parent/Guardian #1 Full Name _____ Cell # _____ Email _____

Parent/Guardian #2 Full Name _____ Cell # _____ Email _____

List any part-time or full-time employment for the past 3 years (list organization name, position held, and dates worked):

List any additional education/unique skills/character qualities you have that you may contribute to TGCS:

Choose age groups that you have experience working with:

- Pre-K and K
- Grades 1-5
- Grades 6-8

Choose age groups that you would prefer working with:

- Pre-K and K
- Grades 1-5
- Grades 6-8

Have you ever been convicted of a crime? Yes No

If yes, explain _____

I certify that the above information is accurate and complete. I understand that this form is an application and not a contract of employment. I understand that my employment is contingent upon a completion of a background check. I understand I may be terminated at any time if I violate the policies of TGCS.

Print Name _____

Signature _____ Date ___/___/___

Email form to: Lucas Turner, TGCS Ambassador Coordinator at LTurner@giftedchildsociety.org