



The Gifted Child Society
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Ramsey, New Jersey 07446

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2020 TGCS Ambassador Employment Application

I am a New Returning Employee

Last Name _____ First Name _____

Choose ALL of 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 or A&B) Which session(s)? _____
- 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): _____

If offered a position with TGCS, which of the following compensation options would you accept? (*Check all that apply*)

- 100% Pay (biweekly paycheck)
- 100% Community Service (volunteer hours certificate provided)
- 50% Pay & 50% Community Service (biweekly paycheck for half of your time spent and volunteer hours certificate for the other half)

GENERAL INFORMATION (*Please fill out this section completely.*)

Address _____ Apt. _____ City _____ State _____ Zip _____

Email _____ Cell # _____ Home # _____

Have you ever taken classes with TGCS? Yes No

If not a graduate, how did you hear about TGCS? _____

Date of Birth ____/____/____ Current Age: _____ Current Grade: _____

Current School/Academy 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/hobbies/character qualities you have that you may contribute to TGCS:

Choose age groups that you have experience working with: Choose age groups that you would prefer working with:

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

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



REFERENCES

NAME OF REFERENCE	PHONE NUMBER	EMAIL ADDRESS	RELATIONSHIP TO YOU & YEARS KNOWN

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 the completion of an interview and background check. I understand I may be terminated at any time if I violate the policies of TGCS.

Print Name _____

Signature _____ Date ____/____/____

Parent Signature (if applicant is under 18) _____ Date ____/____/____

Email form to: D'Arcy Natale, Managing Director at admin@gifted.org

FOR OFFICE USE ONLY

Needs Initial Interview:
Interview Date:
NOTES:
Expected Conflicts:
Expectations:
Considerations: