

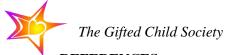
The Gifted Child Society 70 Hilltop Road, Suite 3015 Ramsey, New Jersey 07446

2020 TGCS Amb	assador Emplo	yment Application
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•			I am a	New	Returning Employee
Last Name		First Nam	e		
Choose ALL of the TGCS Ambassador Program Optic	ons for which	you would like to	o be consider	ed:	
Saturday Workshop Winter/Spring, 10 Saturday	Mornings 9:3	80AM – 12:30PM	l, Late Febru	ary/Early Ma	urch-May
Summer Super Stars Camp STEAM, Mon-Fri 8: (work six weeks or one of two three-week sessio			• 0		
Saturday Workshop Fall, 10 Saturday Mornings	9:30AM – 12	2:30PM, Late Sep	otember-Mid	December	
Junior Instructor (min. 17 yrs old); I can teach (li	st your speci	al subjects):			
Tutor, year-round (any age group); I am especial	ly proficient	in:			
Internship with TGCS (project & timing TBD):					
If offered a position with TGCS, which of the followin 100% Pay (biweekly paycheck) 100% Community Service (voluntee 50% Pay & 50% Community Service for the other half)	r hours certif e (biweekly p	icate provided) baycheck for half			
GENERAL INFORMATION (Please fill out this s Address	-			State	7:-
Email					
Have you ever taken classes with TGCS?		No	1101	пс #	
If not a graduate, how did you hear about TGCS?					
Date of Birth/ Current Age:	Cu	rrent Grade:			
Current School/Academy Attending		School Addre	ess		
If you have a degree(s), please list		School Gradu	uated 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 nam	ne, position he	eld, and dates v	worked):
List any additional education/unique skills/hobbies/cha	racter qualiti	es you have that	you may cont	ribute to TGCS	<u></u>

Choose age groups that you have <u>experience</u> working with: Choose age groups that you would <u>prefer</u> 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	
f yes, explain	
certify that the above information is accurate and complete. I understand that this form is an application and not a contract of mployment. I understand that my employment is contingent upon the completion of an interview and background check. 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:	