

Christian Youth Theater-North Idaho

Teacher's Aide Application

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Age _____ Date of Birth _____

SS# _____ Phone _____

Have you attended CYT classes before? Yes No If so, how many years _____

What was your favorite class? _____

Any favorite teachers? _____

Why are you interested in assisting with CYT classes? _____

What class(es) would you be interested in assisting? _____

Why? _____

Have you worked with children before Yes No

If so, in what capacity and for what ages? _____

Please read and sign the following statement. ***I understand that I am expected to attend all classes during the 10 week session, with the exception of Dress Rehearsal week if I am in cast or crew of the production. I understand that I must find a qualified substitute to replace me in the event of my absence.***

Signed _____ Date _____

Comments: _____

