

FIRST ASSEMBLY CHRISTIAN SCHOOL AFTER SCHOOL ADVENTURES COUNSELOR APPLICATION

Date of Application _____

Name _____ Male _____ Female _____

Address _____

City _____ State _____ Zip _____

Home Telephone _____ School/Alternate Phone _____

Are you presently in school? _____ Where _____ Grade _____

PAST EMPLOYMENT

Place of Employment & Address	Supervisor	Phone	Dates: Start/End

EDUCATIONAL BACKGROUND

High School _____ Year Graduated _____

College _____ Year Graduated _____

Degree held _____ Major _____ Year _____

(If not graduated, how many years have you completed? _____)

1. Are you 18 years of age or older? _____
2. Do you have certification in CPR, First Aid, or other? Yes/No If yes, please list: _____

3. Why would you like to work at F.A.C.S.? _____

4. What special skills do you possess that you could bring to the program? (Sports, drama, singing and/or musical instruments, arts & crafts, etc.) _____

5. Do you attend church regularly? _____ Where? _____
6. How could you be a positive role model for our students? _____

7. If you had to discipline a child, how would you handle it? _____

8. How would you motivate a child who did not want to participate? _____

9. What are some strengths that you have in working with children? _____

10. What date would you be available to start work? _____ What time each day could you work? _____ Can you work during holidays? _____
11. Write a brief biographical sketch about yourself: _____

REFERENCES: Please give three names, addresses and phone numbers of people we could contact for a reference.

- 1.) _____

- 2.) _____

- 3.) _____
