



**TEACHER APPLICATION
Fall 2008**

Please fax completed applications to Margaret Price at (866) 203-2883 or e-mail mprice@bastservices.com. Please note that the deadline to submit a teacher application is **Friday, August 8, 2008.**

Name _____
Last First Middle Initial

School _____ Position/Title _____

School Address _____
Street City/State Zip

School Phone _____ Cell Phone _____

E-mail _____

Please indicate which form of contact listed above is the best way to reach you when school is not in session.

1) What aspects of the Memory Bridge program are most attractive to you?

2) What qualities do you think a student participating in this program should have?

3) Are you able to recruit 12-15 emotionally mature students to participate in this program? If so, what strategies do you plan to employ in order to recruit these students?

(Over)



4) Please rank THREE (3) days in order of preference on which you will consistently be available to teach Memory Bridge in the upcoming semester. The class is held after school for 2 hours, one day each week, so please let us know which days/times you can accommodate. We will try to honor your first (Day 1) request.

DAY 1 _____
DAY 2 _____
DAY 3 _____

5) Teacher training will be required of all teachers. Please indicate which training session you will be able to attend:

- I am a new teacher **or** have not taught Memory Bridge within the 2007-08 school year and will attend training on Friday September 26, 10:00 am– 4:00 pm (CPS Staff Development Day)
- I have taught Memory Bridge classes within the 2007-08 school year and will attend a 4-hour continuing training session on Friday August 29, 10:00am-2:00pm (CPS Teacher Institute Day)
- I have taught Memory Bridge classes within the 2007-08 school year and will attend a 4-hour continuing training session on Friday September 26, 10:00am-2:00pm (CPS Staff Development Day)

6) Please indicate the name and telephone number of an educator whom you have worked with who can tell us about your teaching style, as well as your school's principal, administrator or service learning coach.

Teacher Name _____ Phone Number _____

Administrator Name and Title _____ Phone Number _____

7) Additional Comments:

Selected teachers will be expected to maintain communication with their coordinator throughout the program and attend a recognition brunch at the end of the semester (date to be determined).

YOUR SIGNATURE _____ DATE _____