



# Down Syndrome Association of Brazos Valley

## APPLICATION

Date of application:\_\_\_\_\_

The Down Syndrome Association of Brazos Valley will be holding a summer program for students with Down syndrome. The students will be from Kindergarten to 2<sup>nd</sup> grade functioning age. We will be holding a summer reading and math program. The math program will be held on Tuesdays and the reading program will be held on Thursdays. The dates and times of the class are June 8,10,22,24,29, July 1,6,8,27,29 and August 10 and 12<sup>th</sup> from 3 - 5pm. The class will be held at Central Baptist Church in Bryan. For information about compensation please call Phyliss Hodges at 979-229-6851.

### PERSONAL INFORMATION

Social Security # \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Complete Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_  
last first mi

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ U.S. citizen: \_\_\_\_Yes \_\_\_\_No Gender: \_\_\_\_M \_\_\_\_F  
mm dd yyyy

Mailing Address: \_\_\_\_\_  
street Apt. # city state zip code

Phone numbers:

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

e-mail address: \_\_\_\_\_

Are you currently \_\_\_\_Teaching or \_\_\_\_Substitute teaching? Name of school district? \_\_\_\_\_How long? \_\_\_\_

Have you ever been issued a Texas Teaching Certificate? YES\_\_\_\_ NO\_\_\_\_ If yes, what kind? \_\_\_\_\_

### EDUCATIONAL BACKGROUND

Provide the following information for all colleges, universities, junior or community colleges attended.

<u>Institution</u>	<u>Dates Attended</u>	<u>Degree</u>	<u>Major/Minor</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### CHARACTER REFERENCES

Provide names, addresses and phone numbers for 3 personal character references not related to you.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PERSONAL POINT-OF-VIEW**

In your own handwriting, describe what you as a person will bring to teaching. Explain how this will support your development as a teacher during the program.

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Please describe your experiences working with students with special needs.

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**DISCLOSURE OF LEGAL HISTORY:**

Have you ever been convicted of a felony or subjected to a deferred adjudication on a felony charge? NO  YES

If your answer is "YES", please explain on a separate sheet of paper.

**ACKNOWLEDGMENTS AND DISCLAIMERS**

I have answered all questions contained in this application truthfully to the best of my ability.

Signature \_\_\_\_\_ Date \_\_\_\_\_

I understand that **Down Syndrome Association of Brazos Valley** reserves the right to make adjustments to requirements/program.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please send application to: **Down Syndrome Association of Brazos Valley** 2910 Horseback Ct.  
College Station, TX 77845 Tel: 979-778-7010 e-mail dsabv@yahoo.com FAX 832-200-0549

- I am applying for a teacher's position
- I am applying for a teacher aides position (Minimum requirements must be a Senior Special Education Major)

**Thank you for your interest in teaching during the summer program for DSABV.**

**APPLICATION MUST BE RECEIVED BY 4/30/10**