

ASSISTANT APPLICATION FORM



EVOLUTION
DANCE STUDIO

Family Identification: _____

PERSONAL INFORMATION

Full name: _____

Age: _____

Address: _____

City: _____

Email address: _____

Phone: _____

Grade entering for September: _____

Do you have CPR/First Aid training? YES NO

DANCE EXPERIENCE

Please describe any previous experience with dance/assisting.

LEADERSHIP EXPERIENCE

Please describe any previous experience in a leadership role.

Why would you make a good assistant?

ASSISTANT OPTIONS

Type of class interested in assisting: _____

Available days of the week: _____

The expectation of this position is that you will attend all your scheduled assisting classes each week. Once accepted as an Assistant, you will have the opportunity to choose one of two options for compensation of assisting hours. Please note you must be a registered Evolution student.

Please circle your preferred option

- A** Community service hours
- B** Credit of 1 class for the season. Must assist 2 classes each week.

Day & Time of classes assigned to assist: _____

STUDENT SIGNATURE _____

PARENT/GUARDIAN SIGNATURE _____

