

Agassiz Baldwin Community 20 Sacramento Street Cambridge MA 02138

Phone: (617) 349-6287 Fax: (617) 497-4388

www.agassiz.org

Teacher-in-Training Program

Teacher-in-Training 2010-2011 Application Form

Date application received:

TNT First Name:		TNT Last Name:	
Address:			
City:	Zip:	Home Phone:	
Date of Birth:	Age:	2nd Language (if relevant):	
School:	Grade :		

Teachers-in-Training (TNT) positions are open to students entering grades 6 through 8 in fall 2010. Students should identify the 1st & 2nd choice of days that they can volunteer, programs they prefer to volunteer for, and whether they have been a TNT in the past.

I prefer to volunteer on:

Mon _____ Tues _____ Wed _____ Thurs _____

I want to be assigned as a TNT to:

_____ Kindergarten Program

_____ 1st - 3rd Grade Program

_____ ABC Office

Have you been a TNT in the past? (Circle 1) YES NO

If yes, when? _____

To be completed by TNT applicant:

I, _____, would like to participate as a TNT for the 12-week session running
(TNT name)
from: the week of September 20th through the week of December 6th (last day is Dec. 10th), 2010.

As a TNT, I agree to abide by the following conditions:

(Please sign your name next to each of the following statements)

- I commit to volunteer 1 day every week during these 12 weeks. _____
(sign)
- I will come directly to ABC from school or bus drop off and be on time for my TNT assignment. _____
(sign)
- I will sign in and out on each day I report to my TNT assignment. _____
(sign)
- If I am NOT ABLE to come on my assigned day, I will notify ABC staff in person or by phone BEFORE I am scheduled to report. _____
(sign)
- I will model appropriate behavior around the children at all times. This INCLUDES days when I am NOT working as a TNT. _____
(sign)
- I will not discuss or share any specific information about ABC Afterschool children and their families with anyone other than ABC staff. _____
(sign)

Parents/Guardians, Please Fill Out This Portion

Parent/Guardian Name #1:	Daytime Phone:
Home Address & Phone if different from child's:	
E-mail (if applicable):	Cell #:
Parent/Guardian Name #2:	Daytime Phone:
Home Address & Phone if different from child's:	
E-mail (if applicable):	Cell #:

Emergency Contact Information
If the ABC is unable to locate me, I authorize that the following individuals will be contacted in the **event of an emergency** involving my child:

1) Name: _____ Relationship to child: _____
Address: _____ Phone: _____

2) Name: _____ Relationship to child: _____
Address: _____ Phone: _____

Please provide a detailed explanation of any special conditions, allergies, dietary restrictions, or medications used (attach additional sheet if necessary):

ABC policy regarding TNT supervision:
We will directly oversee/supervise your child **only** during the time he or she is with us. We will not assume any responsibility for your child's whereabouts **before** coming to us at 3:00 PM or **after** leaving the TNT program at 5:30 PM. Upon their arrival at ABC, each TNT will sign-in and include the time of his or her arrival. Upon departure, each TNT will sign-out, include the time of his or her departure and method of going home (walk, public transportation, parent/caretaker pick-up.) You will be able to review this sign-in/sign-out sheet at any time. In addition, we will attempt to contact you directly by 4 PM if your child is absent and has not notified us of his or her absence in advance.

I have reviewed the ABC policy stated above regarding supervision of my child when he or she is participating in the Teacher-in-Training program. I agree to the limits of supervision by ABC staff over my child as indicated in this policy.

Parent/Guardian Name _____ Date _____
Relationship to TNT: _____

All TNT applicants will be contacted for an interview. Send application to the attention of: TNT Program, Agassiz Baldwin Community, 20 Sacramento Street, Cambridge, MA 02138.