



## ACE Teacher Questionnaire

Name: \_\_\_\_\_

Regular school day assignment: \_\_\_\_\_

Phone Number: \_\_\_\_\_

*Which days are you available to work?*

(please circle)

Monday      Tuesday      Wednesday      Thursday      Friday

*Which hours are you available to work?*

(please circle)

1st hour 4:00-5:00    2nd hour 5:00-6:00    Friday 4:00-6:00

*What type of classes are you interested in teaching?*

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*When would you be able to start?* \_\_\_\_\_

List any hobbies and/or talents you have that could be incorporated into the ACE Program and benefit our students.

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