



## Grand Marais Music Collaborative - Class Lessons Teacher Application

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

Address: \_\_\_\_\_

Mailing address (if different): \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Email: \_\_\_\_\_ Alt email: \_\_\_\_\_

Website: \_\_\_\_\_

Can you commit to a ten week lesson program between January and June?

Can you commit to at least one performance at the Stars of the North concert?

What time restraints do you have?

Circle the instruments/classes you can teach:

Guitar / Drums / Bass / Keyboards / Vocals / Theory / Violin / Fiddle / Flute / Other:

Tell us your educational background: both musical and non-musical

Please list your teaching experience:

Please list your performing experience:

Tell us where you are currently performing:



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Please answer the following questions as thoughtfully and thoroughly as you can (you may use a separate sheet of paper if necessary)

Why do you want to teach at GMMC?

What experience do you have working with young people?

What talents and skills can you bring to our lessons? (anything! Not just music related)

Give a couple of specific examples of things you would like to teach or activities you would like to lead:

**Background check:** As you know, GMMC is a non-profit organization. Because our work involves minors, as part of the application process, we must conduct a criminal background check on all staff and volunteers. By signing this application you authorize GMMC to conduct this check.

SSN: \_\_\_\_\_ DOB: (mm/dd/yyyy) \_\_\_\_\_

Please circle either YES or NO and completely fill out all sections that apply to you.

Have you lived outside the State of Minnesota anytime during the last 10 years prior to today's date?  
YES / NO                      If YES,

State: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_ Years, From \_\_\_\_\_ To \_\_\_\_\_

State: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_ Years, From \_\_\_\_\_ To \_\_\_\_\_

Have you ever been convicted of any criminal offence? YES / NO

Have you been arrested or cited for a crime that has not been resolved or are you in a diversion program?  
YES / NO

If YES, please explain: \_\_\_\_\_

Are you currently awaiting trial? YES / NO

If YES, please explain: \_\_\_\_\_

Please sign below to allow us to perform a criminal background check:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date