

# SCI-CAMP 2008

# INSTRUCTOR APPLICATION FORM

## I would like to be considered for (check all that apply)

St. George Campus (downtown)

Scarborough Campus

Mississauga Campus

North/Central GTA

East GTA

West GTA

## Additional Information

Last Name		First Name	M/F Sex
DD/MM/YYYY Birthdate		Email Address	

### CURRENT ADDRESS

Address		
City	Province	Postal Code
( ) - Telephone Number (Day)	( ) - Telephone Number (Evening)	

### PERMANENT ADDRESS

Address		
City	Province	Postal Code
( ) - Telephone Number (Day)	( ) - Telephone Number (Evening)	

## Education

Faculty	University / College
Program	Year of Study

## Eligibility for Employment

### PLEASE CHECK ONE:

Canadian Citizen

Landed Immigrant

Visa Student

If you are a visa student, do you have a work permit?

Yes

No

How did you find out about us?

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### Additional Information

Languages in which you are FLUENT

Do you have a valid G Level (or equivalent) driver's license?

Yes  No

Have you ever been convicted of a crime for which you have not been pardoned?

Yes  No

If Yes, please explain.

Is there anything in your personal background that might prohibit your interaction with children?

Yes  No

If Yes, please explain.

### Brain Pickers

PLEASE RESPOND TO THIS SECTION ON A SEPARATE PIECE OF PAPER (MAXIMUM 3 PAGES)

**THE CHALLENGE: PLEASE DO THE FOLLOWING IN A FUN AND CREATIVE WAY!**

Pick one of the topics listed below and create a hands-on activity to do with children of that specific age group that will teach them two important science concepts on that topic. The write-up should not exceed 3 pages.

Art-tastic Science (for Grade 1)

Spy Kids (for Grade 3)

Laboratory Wizardry (for Grade 5)

Please attach a **resume** and **cover letter with contact information for 2 references** to the application forms and submit them to:

**University of Toronto – SCI-Camp**  
35 St. George Street, Room 173  
Toronto, ON M5S 1A4

Tel: **416-978-3872**

Fax: **416-849-0408**

Email: [sciout@ecf.utoronto.ca](mailto:sciout@ecf.utoronto.ca)

**APPLICATION DEADLINE IS MAY 26, 2008 BY 5 PM**

While we appreciate your time and effort, only those individuals selected for an interview will be contacted.

I hereby certify that the information on all material that I am submitting is complete and accurate to the best of my knowledge and I authorize you to make such inquiries as may be deemed necessary in the processing of my application for employment. It is understood and agreed that any misrepresentation made by me in connection with these materials may be sufficient cause for cancellation of this application or, if I have been employed, cause for dismissal.

Applicant's Signature

Date

FOR OFFICE USE ONLY

DD/MM/YYYY

Name

Received

By

Number