

Instructor Application

the **Flagship**
program



Name _____ Phone # _____ Date _____

Date of Birth _____ Address _____

Email _____ Soc. Sec. _____

I am a: Parent of Flagship Student Community Volunteer University Student
(Circle one)

Emergency Contact (name and phone) _____

Like us on www.facebook.com/flagshipprogram

Related work and/or volunteer experience:

Please list a total of three work/volunteer or personal references:

Name	Address	Phone #	Relationship to you
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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List schools you have attended, years in attendance, and degree(s) earned:

High school _____

College _____

College _____

Circle the age preference you would like to work with:

Elementary

Middle School

High School

_____ I agree to a background check through Missoula County Public Schools. This background check will be conducted on me to determine if any criminal convictions involving child abuse and/or child molestation have been proven against me. The purpose of such a check is to assist in providing a safe environment for the students involved in The Flagship Program.

_____ I acknowledge that there is a \$6.50 fee for this background check. **Please make checks out to MCPS.**

Medical Information

Please list any pertinent information:_____

Doctor's name_____Phone_____

Please initial below

_____ I confirm that I understand and agree that in the event it becomes necessary for Flagship staff in charge to obtain emergency care, The Flagship Program does not assume financial liability for medical treatment or expenses incurred because of an accident, injury, illness and/or unforeseen circumstances.

_____ I authorize The Flagship Program employees and volunteers in charge to obtain all necessary emergency care and authorize any licensed physician and/or medical personnel to render necessary emergency treatment to me.

_____ I understand that The Flagship Program collaborates with many unique community partners that provide activities, like: rafting, biking, rock climbing, skateboarding, hiking and swimming.

Confidentiality Statement

The Flagship Program follows the written policies of the Board of Trustees of Missoula County Public Schools and Western Montana Mental Health Center regarding the knowledge and use of personal and academic student information. The Flagship Program is committed to ensuring the utmost confidentiality of all student information as acquired from students, teachers or Flagship staff. Every student involved in Flagship has a right to privacy and The Flagship Program staff and volunteers will uphold this right.

Information such as grades, classwork or sensitive personal information revealed to you by the student, teachers, or The Flagship Program will not be shared with friends or family. The name (whether first or last) or any identifying remarks about the student you are working with will not be shared, referred to or hinted at.

By signing below, you agree that you will not share or discuss any personal or academic information about any student and you will uphold all students' rights to privacy. By signing below, you are agreeing that if confidentiality is broken, The Flagship Program will take action and your position may be terminated.

I verify that the information provided on this form is true.

_____/_____
Signature of Instructor Date