

THE **A**ERICAN
CENTER FOR THE
AALEXANDER
TECHNIQUE, INC.

www.acatnyc.org

2009-2010 TCP VOLUNTEER APPLICATION

By filling out this form, you are expressing an interest in serving as a volunteer in our Teacher Certification Program (please see the Volunteer Letter explaining our requirements and expectations).

Please be aware that we have limited slots for volunteers and may not always be able to use everyone who applies for a given term. We will keep every applicant's name on file, however, for future terms.

In order to serve as a volunteer, there is a one-time fee per term of \$80. If selected to serve as a volunteer, you will be asked to sign a contract and pay your fee.

Please complete this form in full

Contact Details

Date of Application: _____

Name _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone (____) _____ Cell Phone (____) _____

Work Phone (____) _____ Email _____

Alexander Technique Experience

Number of private lessons: _____

Number of group classes: _____

Availability (please check all that apply)

- I am available during the day
- I am only available in the evenings