

## **Super Science Club Application Form Winter 2024**

## **Personal Information**

Full Name:			
Email:		Phone:	
Student ID #:			
Year of Study:		DOB:	
Application Question	ıs		
(Please answer the foll	lowing questions concisely in a few (	(3-4) senter	nces.)
1. Tell us a bit abou interests?	t yourself. Who are you? What is y	your progi	am, career plans,
2. What is your scien	nce background?		

3. Do you have any prior experience working with children? If so, please explain.		
4. Do you have any training or certifications that may make you more qualified to work with children? Please explain.		
5. Why do you want to work for Super Science Club and why you feel you would be a good fit for this position.		

6. Super Science Club (SSC) groups will be running at schools in Abbotsford, Chilliwack, and possibly Mission. Are you able to work in any location? Each group meets one		
afternoon per week (after school, so after 2:30 or 3:00). Which days of the week would you be able to work (and in which locales)? [Remember to factor in travel time. For		
example, if your classes on Tuesdays are in Abbotsford and end at 2:20pm, then you may be able to run a Tuesday group in Abbotsford that starts at 3:00, but you would not be able to run a Tuesday SSC group in Chilliwack.]		
Please specify your availability below (if your winter schedule is not yet certain, please indicate to the best of your ability, identifying the potential uncertainties):		
On which day(s) would you be able to run a SSC group, and in which locales?		