

Sweet Adelines InternationalInternational Faculty Application

*This is an electronically fill-able form. You may submit this form in one of two ways:

- 1.) Electronically- once you have filled out the form, save the completed document and attach it in an email to: education@sweetadelines.com
- 2.) Hard Copy- print out the form, complete and, either fax to #918-665-0894, or mail to the address listed on the bottom of the last page.
- 3.) The Payment page must be sent by fax or mail. Please DO NOT email financial information.

In support of the mission and policies of Sweet Adelines International, the members of the International Faculty Program commit to furthering the educational priorities of the organization, and to passionately deliver relevant information in consistent and effective ways, to teach and inspire others, and to be lifelong learners.

PERSONAL INFORMATION				
NAME		DATE		
		WEBSITE		
HOME PHONE	WORK PHONE	MOBILE PHONE		
ORGANIZATIONAL AFFILIATION	ON			
Current Region C	urrent Chorus	Current Quartet		
List all past Sweet Adeline aff Region(s) Chapter(s) Quartet(s) If you are a director or assista	iliations, including dates: nt director, state choruses, years, and	certification:		
ORGANIZATIONAL PARTICIPA Chapter positions held:	ATION			
Regional positions held, inclu	ding dates:			
The Grand Positions (1914) India.	0			
International positions held, i	ncluding dates:			
List Regional/International ev	ents you have attended during the pa	st 5 years:		
Briefly describe teaching you	have done within Sweet Adelines Inte	rnational during the past 3 years:		

EDUCATION List all degrees earned (including focus of study), beginning with the most recent:
List other noteworthy educational experiences or training:
Briefly describe your musical background (other than Sweet Adelines International):
WORK EXPERIENCE List your occupation(s) and work experience, beginning with the most recent employment:
Briefly describe noteworthy volunteer experience beyond Sweet Adelines International, particularly as pertains to the roles and functions of IFP (e.g. teaching/participation in other barbershop organizations, leadership positions, etc):
International Faculty Members must possess initiative, insight and excellent communications skills. With this in mind, please provide brief responses to the following prompts, noting the word limit in parentheses.
List 3-5 specific areas of expertise or specialty areas of teaching?
List 3-5 adjectives that best characterize you.

Describe spe characters)	ecific qualities you possess that you believe will make you an effective teacher in this organization? (1000
-	ur teaching style, including how you incorporate multimedia, learning styles, and varying levels of within your audience. (1000 characters)
Desc	f the following three prompts, and provide a brief response (1000 characters): cribe a musical/visual/administrative challenge common in Sweet Adelines International, and what class you ld present to facilitate participants in meeting this challenge more effectively.
Desc	cribe a recent teaching experience that went well, and one in which you felt you could have been more ctive.
	cribe an area of educational need you believe exists within Sweet Adelines International, and how you might ribute to meeting that need.

Describe your motivation to be part of the International Faculty. (1000 characters)
List any travel restrictions you have in terms of mode of travel, length of time you can be away, and mobility issues:
APPLICATION REQUIREMENTS List two current International Faculty members who can provide a detailed confidential recommendation of you. IFP Reference 1 (name/email):
IFP Reference 2 (name/email):
List two additional references, preferably members of the International Board of Directors, the IFP, or who serve in other positions of prominent leadership within the organization. Reference 3 (name/email):
Reference 4 (name/email):

PAYMENT INFORMATION PAGE

Submit To: SA Education Department

SWEET ADELINES INTERNATIONAL 9110 S. TOLEDO AVE. TULSA, OKLAHOMA, U.S.A 74137 FAX #918-665-0894

*THIS PAGE MUST BE SENT SEPARATELY. Please send this page by fax or mail. Please <u>DO NOT</u> include it in email along with the application.

NAME		(Please Print)		DATE	
IFC App	lication Fee- \$100				
	Check enclosed	_Visa	MasterCard	 Discover	_ American Express
Billing Z	lip Code:			Sec Code:	
Card number		 Expiration Date			
Name o	on card:				