



**Colorado Heritage Education School System**  
1300 Ninth Street, Greeley, Colorado 80631  
Office 970-346-0099 ~ Fax 970-352-7880

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**Teacher's Aide Application**

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Level: \_\_\_\_\_

**Class hour(s) available:**

8:15 a.m.    9:15 a.m.    10:15 a.m.    11:15 a.m.    1:00 p.m.

**Please answer the following questions:**

1. Have you ever assisted with a Sunday School class, VBS, or other children's class?    YES    NO
2. Do you attend church with your parents?    YES    NO
3. Please share your testimony of becoming a Christian (please be specific).

4. Why are you interested in participating in the Teacher's Aide program (please be specific).

**Have a pastor or teacher write a letter of reference and include it with your application.**

Return this application to CHESS, Attn: MaryBeth Clifford, 1300 9<sup>th</sup> Street, Greeley, CO 80631