WSCF Chess Teacher Application

First Name _____ M.I _____Last Name _____

Address _____

Email _____ Phones _____

Social Security Number _____

1) Discuss your knowledge and experience with chess and if you have a rating, what is it. ?

2) Discuss any experience you have had working with children. What Capacity? How Long?

3) Why do you want to be a chess teacher for WSCF?

4) Please list two or three references with phone numbers or email addresses.

5) What other information would you want us to know about yourself?

Please mail to: WSCF P.O. Box 170843 Milwaukee, WI 53092