



Boston University Metropolitan College

Welcome to the BU Prison Education Program

We are pleased that you are interested to participate as an instructor in the BU Prison Education Program. Please complete the form below and return to Dr. Mary Ellen Mastrorilli (memstro@bu.edu) along with your CV. (Required field - *)

*First Name: _____ *Last Name: _____

*Address: _____

*City: _____ *State: _____ *Zip: _____

*E-mail Address: _____ *Phone: _____

The following questions are to assist us in writing grant proposals. This information is not used in determining employment.

Date of Birth: ____ / ____ / ____

Gender: Male Female Transgender

Which of the following BEST describes your racial/ethnic background? (Check All that apply)

American Indian or Alaska Native

Middle Eastern or North African

Asian

Native Hawaiian or Other Pacific Islander

Black or African American

White

Hispanic or Latino

Some other race, ethnicity or origin

*Do you have a car?: Yes No *A valid driver's license?: Yes No

*Brief Statement as to why you want to teach?

*Courses you have taught?



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*Previous experience teaching in a prison?