

Application for Summer 2010 Spotlight on the Arts

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18. Please check all the arts you are interested in below. Place 1 next the one you are most interested, 2 next to to second most, and three to the third most.

All Visual Arts: Painting Drawing Photography Sculpture Graphic Arts
 Music: Vocal, Instrumental Performance Arts Tech (lighting, sound, set design, etc.)
 Dance Film/Media Arts
 Theater/Dramatic Arts Writing/Literary Arts/Poetry
 Working with youth/children Other _____

19. Please use the space below to write a paragraph about a specific experience you had with the arts and/or what interests you about the arts.

20. Please select all the skills you have and rank them in order of strength by placing 1 next to the skill in which you are strongest, 2 next to the second most, etc.

Working with Children/Youth Performance (spoken word, poetry slams) Dance
 Phone Skills Typing, WPM Internet
 Graphic Design Visual Arts (Murals) Computers (IBM, Mac, Software)
 Writing Editing Customer Service Music
 Photography Organizational Skills Teaching Filming Other _____

21. Please discuss which of these skills or other skills you are most interested in improving this summer.

22. Please write a paragraph about why you would like to participate in Spotlight on the Arts. Please include what kind of work you would like to do.

23. Please list previous work experience, including volunteer and community service, and attach a resume, if you have one.

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Consent

24. As parent/guardian of the participant, I hereby authorize and give my consent for my child or ward

_____ to*:
name of child or ward

25. Yes ___ for my child/ward to participate in all "Spotlight on the Arts" activities, including supervised internships at arts organizations, scheduled workshops and field trips accompanied by C.L.A. staff and chaperones on public transportation, for the duration of the program. Parents/Guardians will receive advance notice of all field trips. * Parental/guardian consent is mandatory for participation in the program.

26. Yes___ for my child/ward to have his/her picture taken and to be filmed or videotaped for program publicity purposes only.

27. Yes___ for my child/ward to have his/her name provided in reports to funders for program publicity only

28. Can the participant receive emergency medical treatment, if needed? ___Yes ___No

29. Can the participant be taken to the nearest medical facility? ___Yes ___No

30. (Please Print) Parent or Guardian Name _____

a. Relationship_____

b. Parent or Guardian Signature_____ Date_____

Emergency Information

31. In case of an emergency, whom should we contact? (List 2 contacts, one MUST be a parent or guardian and one person NOT living with you.)

Name_____Relationship ___Guardian ___Parent_____

CompleteAddress_____

Tel- Home # _____ Work # _____ Cell # _____

Best number to reach them _____

Name _____ Relationship _____

Complete Address_____

Tel-Home # _____ Work # _____ Cell # _____

Best number to reach them_____