**Youth** **Application for Spotlight on the Arts Summer 2021**

Email to: [jill.roisen@calawyersforthearts.org](mailto:jill.roisen@calawyersforthearts.org)

**Deadline: Friday, April 30th, 2021**

**Basic Eligibility**

1. Ages 14-17 & rising sophomore to rising senior

2. Live in San Francisco & SFUSD student

3. Low-income family

4. Interest in the arts

5. No concurrent summer employment with any city funded program

6. Ability to commit to the entire program

7. Undocumented youth are encouraged to apply

***HOW TO FILL OUT THIS APPLICATION:***

1. Please click the ‘File’ button on the top-left of your screen and then select ‘**MAKE A COPY**’ SAVE THIS COPY TO A GOOGLE DRIVE Folder
2. Please open this copy and click the ‘File’ button on top-left of your screen then select **‘RENAME’** the document with your name & Spotlight Summer 2021 Application
3. When you are finished, click the ‘File’ Button on top-left of your screen and select **DOWNLOAD** and select as a **PDF**
4. Send it as an email attachment to [jill.roisen@calawyersforthearts.org](mailto:jill.roisen@calawyersforthearts.org)
5. If you have any questions, please email Jill.

**Applicant Name:\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address including Street No., Street Name (Apt No. if applicable), and Zip Code:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Gender Pronouns (BOLD which ones apply):**

-He/him/his -She/her/hers -They/them/their -Other (please type): \_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Birth (mm/dd/yy):\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Race/Ethnicity (BOLD all that apply):**

-Asian -African American -Latino/a -Pacific Islander -White/Caucasian

-Multi-racial (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ -Other (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Home Language:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If any of the following situations apply to you, please BOLD those:**

-Foster Care -Public Housing -Special Needs -LGBTQ+

**Home Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Current Grade Level:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**GPA:\_\_\_\_\_\_\_\_\_\_\_**

**Name of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Home Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Family Gross Income:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Number of People in Household: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**How did you hear about this program? (BOLD one.)**

-School -Non-profit Organization -Family -Friend

-CLA Website -Other (specify):

**Name of Person/Contact Info for who referred you:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please list any other planned summer activities including expected vacations and schedule of those activities INCLUDING SUMMER SCHOOL**

**List ALL other programs or work you are applying for or plan to apply for this summer.**

**Please BOLD all the Types of Arts you are INTERESTED in exploring.**

Visual Arts: -Painting -Drawing -Photography -Sculpture -Graphic Arts

Music arts: -Vocal -Writing -Production

-Instrumental (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Theater arts: - Acting -Directing - Playwriting -Tech (lighting, sound, set design, etc.)

Writing/Literary Arts: -Poetry/Spoken Word -Fiction -Non-Fiction -Journalism

Media Arts: -Videography/Film -Animation -Shooting -Editing -Writing

-Directing -Production -Other (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please BOLD all the SKILLS you have to offer at an internship site.**

-Working with Children/Youth -Phone Skills -Typing -Internet Research

-Writing -Editing -Social Media -Customer Service

-Organizational Skills -Teaching

-Computer Programs (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

-Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Visual arts: -Painting -Drawing -Photography -Sculpture -Graphic Arts

-Music arts: -Vocal -Writing -Production -Instrumental (specify):\_\_\_\_\_\_\_\_\_\_\_

-Theater arts: -Acting -Directing -Tech (lighting, sound, set design, etc.)

-Writing/Literary Arts: -Poetry -Fiction -Non-Fiction -Journalism

-Media Arts: -Videography/Film -Animation -Shooting -Editing

-Writing -Directing -Production -Other (specify):

**Please list previous work experience including internships, volunteer work, babysitting, etc. You may attach additional pages (such as a resume) if you wish.**

**Please describe previous experiences with any type of arts. We encourage you to include a few examples of your artwork as attachments to this application.**

**Please write one or more paragraphs about why you would like to participate in the Spotlight on the Arts Program.**

**Please share all your areas of interest in types of careers, including non-arts.**

**CONSENT**

Please **BOLD** either **Yes** or **No** where applicable.

As parent/guardian of the participant, I hereby authorize and give my consent for my child or ward to participate in all “Spotlight on the Arts” activities, including supervised internships at arts organizations, scheduled workshops and field trips accompanied by CLA staff and chaperones for the duration of the program. Parents/Guardians will receive advance notice of all field trips:

Yes **/**  No

To have his/her picture taken and to be filmed or videotaped for program publicity purposes only:

Yes **/**  No

Can the participant receive emergency medical treatment, if needed? Yes / No

Can the participant be taken to the nearest medical facility? Yes / No

If not, where should they be taken? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applicant’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent or Legal Guardian’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

**E-Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMERGENCY INFORMATION**

In case of an emergency, whom should we contact? **(LIST TWO CONTACTS, one MUST be a PARENT or GUARDIAN and one person NOT living with you.)**

1. **Your Name**: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Relationship (**BOLD** one): -Parent -Legal Guardian

-Other (specify):

Address including Street No., Street Name (Apt No. if applicable), and Zip Code:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Work Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

1. **Your Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship (**BOLD** one): -Parent -Legal Guardian -Other (specify):

Address including Street No., Street Name (Apt No. if applicable), and Zip Code:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Work Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Can California Lawyers for the Arts share your child’s information with the San Francisco Department of Children, Youth, and their Families?**

Applicant/Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_

The San Francisco Department of Children, Youth, and Their Families (DCYF) funds our agency and the services we provide. To fulfill the requirements of this funding, we share information about the participants in our services with DCYF. We are asking for your permission to share your personal information with DCYF.

DCYF relies on the information that we provide to understand the characteristics of participants in our programs and to ensure that San Francisco’s most vulnerable children, youth, and families have access to services across the city. DCYF also uses the data to monitor our funding and to evaluate program activities and impacts.

**By signing this form, you allow our agency and any subcontractors we may use to share information about your child’s participation in our program (or *your*** **participation, if you are 18 years of age or older) with authorized staff at DCYF.)**

The information that we report to DCYF includes:

● Personal information, such as name, date of birth, and address;

● Demographic information, such as race/ethnicity and gender identity;

● Education information, such as school name and grade level;

● Participation in activities and services, such as dates of participation and number of participation hours; and

● Anonymous and voluntary youth experience surveys.

DCYF works in close partnership with the San Francisco Unified School District (SFUSD). The information that we share with DCYF is also shared with SFUSD if it is related to an SFUSD student. **Federal and state laws that govern the use and disclosure of student education records protect the privacy of this** **information. No information shared will ever be publicly reported in a way that may be used to identify you**.

**Your Rights**: **You do not have to sign or return this form.** If this is the case, we will not share your information with DCYF. Choosing not to share information will not affect your child’s participation (or your own participation, if you are 18 years of age or older) in our program. This form will expire on June 30, 2023, the end of DCYF’s current funding cycle, but you may cancel it at any time by informing us in writing. If you cancel your permission, it will go into effect immediately, unless the information has already been shared. You have a right to receive a copy of this form.

**Your Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Relationship to Participant:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**E-Signature:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**