



ARTS INSTRUCTOR APPLICATION

DATE: _____ ART AREA: VISUAL ART MUSIC THEATRE OTHER

NAME: _____
(FIRST) (M.I.) (LAST)

BIRTHDATE: _____ SOCIAL SECURITY NUMBER: _____

ADDRESS: _____
(CITY) (STATE) (ZIP CODE)

HOME PHONE: _____ WORK PHONE: _____

MEDIUM: _____ CLASS TITLE: _____

BRIEF DESCRIPTION OF PROPOSED CLASS/WORKSHOP: (PLEASE INCLUDE MEDIUM, THEME, APPROACH TO INSTRUCTION, AND IDEA SKILL LEVEL OF STUDENTS)

STUDENT SUPPLY LIST: (PLEASE INCLUDE BOTH SUPPLIES THAT WE WILL NEED TO PROVIDE FOR STUDENTS ATTENDING THE CLASS AND ESTIMATED EXPENSE AND A STUDENT SUPPLY LIST THAT STUDENTS WILL BE RESPONSIBLE FOR PURCHASING)

BRIEFLY DESCRIBE HOW YOU WILL PROMOTE YOUR CLASS AND THE CENTER FOR THE ARTS:

QUALIFICATIONS

EDUCATION: _____

CERTIFICATIONS: (PLEASE ATTACH COPIES OF ALL APPLICABLE CERTIFICATIONS)

EXPERIENCE: _____

REFERENCES

NAME AND OCCUPATION

ADDRESS

TELEPHONE NUMBER

DAYS & TIMES AVAILABLE TO TEACH

SESSION DURATION

CLASS MEETS

MONDAY _____ MORNING _____
TUESDAY _____ AFTERNOON _____
WEDNESDAY _____ EVENING _____
THURSDAY _____
FRIDAY _____
SATURDAY _____

1 DAY _____
4 WEEKS _____
6 WEEKS _____
8 WEEKS _____
OTHER _____

ONCE _____
ONCE A WEEK _____
TWICE A WEEK _____
MORE _____

PLEASE ATTACH YOUR CURRENT ARTIST BIO AND RESUME / CV

PLEASE EMAIL 2-3 EXAMPLES OF YOUR WORK (IMAGES OF VISUAL ART, A VIDEO OR AUDIO RECORDING OF PERFORMANCE ART) TO ARTSCOUNCIL@CITYOFGREER.ORG

Anyone who requires an auxiliary aid or service for effective communication or a modification of policies or procedures to participate in a program, service, activity or public meeting of the City of Greer should contact Ruthie Helms, ADA Coordinator at (864) 848-5397 as soon as possible, but no later than 48 hours prior to the scheduled event.