

Breanna's Gift



AN ARTS PROGRAM FOR CHILDREN WITH
CANCER & OTHER SERIOUS ILLNESSES

APPLICATION

Artist-Teacher

Please Type or Print

Name _____ Address _____

City _____ State _____ Zip _____ Phone _____

Cell Phone _____ Email _____

Person to Contact in Case of Emergency

Name _____ Relationship _____

Phone _____ Cell Phone _____

Contract/Employment Status

Are you currently providing Contract Services? Yes ___ No ___

If yes, where? _____

Name of Current Employer/Most Recent Past Employer _____

Position Held _____ Company Address _____

Check if: Self Employed ___ Retired ___ City _____ State _____ Zip _____

May we contact your current or recent employer/contract services customer for a reference? Yes ___ No ___

Skills/Areas of Service

Please check areas that apply to you in Visual Arts, Dance, Music or Performing Arts

I am a practicing artist in Visual Arts ___ Dance ___ Music ___ Performing Arts ___

I have been trained in Visual Arts ___ Dance ___ Music ___ Performing Arts ___

I have experience teaching Visual Arts ___ Dance ___ Music ___ Performing Arts ___

I have other related experience in Visual Arts ___ Dance ___ Music ___ Performing Arts ___

Office Services

General Clerical ___

Phone Calling ___

Data Entry ___

Additional Skills

Fluency in a 2nd Language ___ The 2nd Language is _____

Driving ___

Other ___

Please attach any additional information you would like to provide on a separate sheet.

Breanna's Gift
4046 23rd Avenue South
Minneapolis, MN 55407

612-730-6560

BreannasGift.org



Availability to Provide Services

Please check your availability to provide services: daily__ weekly__ bi-weekly__

List the days and times you are available to teach/work. (*Example: Mondays 10-1 or Mondays 8-5*)

Describe any previous volunteer/consultant experience, where and when you worked:

Why are you interested in working with Breanna's Gift?

How did you learn about Breanna's Gift?

Are there any factors that would prevent you from performing certain types of work? Yes__ No__

If yes, please explain:

Personal or Professional References

Please print complete names and addresses for your references so they are easily legible. References should be People who are not related to you and who know your suitability for the position for which you are applying, such as co-workers, neighbors, friends, etc.

1. Name_____ Relationship_____ Phone_____ Address_____ City_____ State_____ Zip_____
2. Name_____ Relationship_____ Phone_____ Address_____ City_____ State_____ Zip_____

I understand the importance of this commitment and have answered the application questions honestly and to the best of my knowledge. I give Breanna's Gift permission to check the references I have listed.

Signature_____

Date_____