

VSA Minnesota • Arts in Education
 Arts Ambassador Roster • School Year 2013-2014 • Application

Your name	Email address		
Title (<i>i.e. Visual Artist, Musician, Performer, etc.</i>)			
Primary phone <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Secondary Phone <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work		
Mailing address	City	State MN	Zip
Website			

Identify your <i>primary</i> artistic discipline? (check ONE area) <input type="checkbox"/> Dance <input type="checkbox"/> Literary <input type="checkbox"/> Media <input type="checkbox"/> Music <input type="checkbox"/> Performing <input type="checkbox"/> Visual Arts
List your primary area(s) of specialty within this discipline:
If you have a profession other than an artist, please tell us about it.

List your disability

Attachments:
 Please use 8½” x 11” white paper, standard, easy-to-read font (Arial, such as this), 12pt. or larger and a 1” margin. Include your name and date at the top of each page, and do not exceed the number of words or pages allowed for each section.

Application Agreement

My signature (or typed) below certifies that I have read and understood the application instructions for the Arts Ambassador Roster, and that all information contained within my application is accurate and truthful.

I understand that acceptance to the Roster is neither a contract for nor a guarantee of employment and that VSA Minnesota can eliminate an artist from the Roster at any time.

Signature of Artist *Date*

Please return the completed application forms to:

VSA Minnesota
 Attention:
 Arts in Education Coordinator
 528 Hennepin Ave., Suite 305
 Minneapolis, MN 55403

Phone: 612/332-3888
 Fax: 612/305-0132
 E-mail: info@vsamn.org
 Website: www.vsamn.org

Name:

Date:

Areas of Experience and Expertise					
Please check one of the first four columns for each item, using the following scale:					
Level 1 = No Experience					
Level 2 = Limited to Moderate / Beginning to Moderate					
Level 3 = Significant / Solid to Strong / Highly Competent					
Level 4 = Extensive / Master Level Expertise / Can train others in this area					
Place a check in the final column to indicate the groups with whom you would most like to work. Note that these designations will be reported on the Roster website for accepted applicants.					
Category	Level 1	Level 2	Level 3	Level 4	Interest
AGES / GRADES					
K-2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3-5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6-8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9-12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transition Ages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SETTINGS					
Public/Private School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cultural Organization Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
College / University	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTEGRATED CURRICULUM					
Literacy / Reading / Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Math	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
History / Social Studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Arts Disciplines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PROFESSIONAL DEVELOPMENT					
Led classes for Teaching Artists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Led classes for K-12 Teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
POPULATIONS *					
At Risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People with Disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospital / Health Care Groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
English Language Learners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* Please give a more specific description of any specialized populations you've worked with significantly/extensively.					

Name:

Date:

References References should include at least one educator with whom you've worked, but may also include a staff member at a cultural organization or others who can attest to your work.	
Name	Email Address
Primary Phone: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Secondary Phone: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
Title	School or Organization
Briefly, note the context from which this reference knows your work.	

Name	Email Address
Primary Phone: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Secondary Phone: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
Title	School or Organization
Briefly, note the context from which this reference knows your work.	

Name	Email Address
Primary Phone: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Secondary Phone: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
Title	School or Organization
Briefly, note the context from which this reference knows your work.	

Name:

Date:

Please respond to the following questions below by typing in the form or if necessary on separate sheets of paper. Visit our website to download alternative formats, **Arts Ambassador Roster Application Forms**.

Narrative Questions

1. Describe your work as an individual artist. Describe the media/formats in which you most commonly work, and your level of mastery, experience, and/or professional success in these areas.
2. List activities in which you have presented your art form and any presentations you have made.
3. Describe why you are interested in becoming an Arts Ambassador for VSA Minnesota.
4. Are you willing to share knowledge of your disability with others when appropriate?
5. Describe your work with students in K-12 public schools, and why you pursue this work.
6. Describe your work with children, youth or adults with disabilities. What types of disabilities do you have experience with?
7. Elaborate on the following aspects of the presentation you've submitted with this application:
 - a. Give one specific example of what you do as part of a 45-60 minute presentation to a small group of students (fewer than 25) ages 14-21 with and without disabilities.
 - b. What equipment or materials would you need?
 - c. Please give an example of what you would do as part of 45-60 minute presentation to a large assembly of students (minimum of 50) ages 14-21 with and without disabilities.
 - d. What equipment or materials would you need?
8. Other information or comments you would like to share with us?

Application Checklist

One set of the following application materials, assembled in the following order:

- Application forms: cover pages, experience/expertise chart, references, narrative (4 pages max.)
- Biographical statement (125 words max.)
- Presentation outline (2 pages max.)
- Resume(s) (1 or 2 resumes, each resume 2 pages max.)
- Photographic Image (3 .jpg, .gif or .pdf max.)
- Work sample(s) (optional: include postage-paid, self-addressed mailer for work sample returns).
- Work sample description (100 words max.)
- Supplemental material (optional; 2 pages max.)