



ARTS INSTRUCTOR APPLICATION/CLASS PROPOSAL

ART AREA: VISUAL ART MUSIC THEATRE DANCE OTHER

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

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

HOME PHONE: _____ EMAIL ADDRESS: _____

MEDIUM: _____ CLASS TITLE: _____

BRIEF DESCRIPTION OF PROPOSED CLASS/WORKSHOP: (PLEASE INCLUDE MEDIUM, THEME, APPROACH TO INSTRUCTION, AND AGE/SKILL LEVEL OF STUDENTS. ALSO INCLUDE CLASS LENGTH (2HRS ONCE A WEEK FOR 6 WEEKS?) AND THE PRICE PER STUDENT.)

STUDENT SUPPLY LIST: (WHAT MATERIALS DOES THE STUDENT NEED TO BRING? WHAT MATERIALS WOULD YOU PROVIDE AS PART OF THE PRICE OF THE CLASS)

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

PLEASE NOTE THAT IF YOUR APPLICATION/CLASS PROPOSAL IS ACCEPTED, YOU WILL BE CALLED IN FOR AN INTERVIEW AND A TOUR OF THE FACILITY. A BACKGROUND CHECK WILL NEED TO BE CONDUCTED BEFORE CLASSES CAN BEGIN.

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.