



CREATIVE AGING

Teacher Training

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Website: _____

Are you a West Valley Arts Council Arts Member?

Yes

No

Your Arts Discipline (check all that apply):

Visual Arts

- Painting
- Drawing
- Printmaking
- Collage
- Sculpture
- Graphic Design
- Photography
- Other: _____

Performing Arts

- Dance
- Dance Performance
- Choreography
- Other: _____

Theatre

- Acting
- Directing
- Other: _____

Literary Arts

- Poetry
- Fiction
- Non-fiction
- Playwriting
- Screenwriting
- Memoir
- Criticism
- Creative
- Non-Fiction
- Other: _____

Media

- Digital Arts
- Filmmaking
- Videography
- Other: _____

Vocal Arts

- Storytelling
- Spoken Word
- Other: _____

Music

- Vocal Performance
- Instrumental Music Performance
- What instrument(s)?

- Composition
- Choral Music
- Other: _____

Crafts

- Pottery
- Jewelry Making
- Weaving
- Quilting
- Other: _____

Other Arts Disciplines not shown above: (Such as Theatre-Readers, Improvisation, Puppetry, Play Reading, Improvisation, etc.)

Education

Bachelor's Degree – Name of School: _____

Major: _____

Master's Degree – Name of School: _____

Major: _____

Ph.D. – Name of School: _____

Major: _____

Certificate/Associates Degree -

Name of School: _____

Major: _____

Are you Creative Aging Certified? **YES** **NO**

If yes, Name of Organization: _____

Availability to Teach:

Weekdays (days) Weekdays (evenings) Weekends (day)

Year round Seasonal Only: _____

Pre-recorded Zoom Live

Available to Film: _____ Available to Film _____

Desired Compensation:

- Minimum - Per Class (length 50-90 minute) \$ _____

I would like to have the following Training opportunities:

Discipline-Specific Training

Which Discipline(s): _____

Brainstorming Project Ideas

Curriculum and Lesson Planning

Timeslips – Creative Storytelling

Other: _____

PLEASE COMPLETE THE FOLLOWING –Use as much space as you need to answer the questions. You may answer these questions in no more than **two** typed pages and send or email with attachments. Submit via email to mkokora@westvalleyarts.org, or via U.S. mail to: Melody Kokora, 16126 N Civic Center Plaza, Surprise, AZ 85374

1. What is your teaching experience with older adults?

2. Why are you applying for this training program?

3. If chosen to participate, what do you hope to get from this experience?

4. How do you plan to put this training experience to use in your teaching artist career?

5. Tell us the care levels in which you have interest or experience:

Care Center/Skilled Nursing Home

Assisted Living

Adult Day Center

Independent Senior Housing

Memory Care

Continuum of Care (combo of levels of care)

Community Education, Libraries, Senior Centers, or Parks & Rec

6. How do you artistically engage with older adults?

7. What are the biggest challenges you feel you would face working with older adults?

8. What kinds of arts experiences do you feel are most beneficial to older adults and why?

ATTACH

- Resume
- Copy of Creative Aging Certification (if you have one)
- Completed Application
- Completed Questionnaire (on no more than **two** pages if need be)
- One sample of your individual work. May also include link to website or audio file.
 - Work samples should include no more than 2 minutes of time-based work, 2 images, or 5 pages of written work.
 - Provide a list of the works with a title and date of completion for each work.
 - For images, indicate what medium you used (clay, acrylic, etc.).
 - For time-based work, indicate your role in creating the work (pianist, composer, director).

Submit via email to mkokora@westvalleyarts.org, or via U.S. mail to: Melody Kokora, 16126 N Civic Center Plaza, Surprise, AZ 85374