



## CREATIVE AGING TEACHING ARTIST APPLICATION

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: \_\_\_\_\_

### **Literary Arts**

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

### **Performing Arts**

#### *Dance*

- Dance
- Performance
- Choreography
- Other: \_\_\_\_\_

#### *Theatre*

- Acting
- Directing
- Other: \_\_\_\_\_

#### *Music*

- Vocal Performance
- Instrumental Music Performance
- What instrument(s)? \_\_\_\_\_
- Composition
- Choral
- Music
- Other: \_\_\_\_\_

### **Media**

- Digital Arts
- Filmmaking
- Videography
- Other: \_\_\_\_\_

### **Vocal Arts**

- Storytelling
- Spoken Word
- 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  
Available to Film: \_\_\_\_\_

Zoom Live  
Available to Film \_\_\_\_\_

**Desired Compensation:**

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

**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](mailto:mkokora@westvalleyarts.org), or via U.S. mail to: Melody Kokora, 16126 N Civic Center Plaza, Surprise, AZ 85374

**Teaching Artist Experience:**

**What is your teaching experience with older adults?**

**What is your teaching experience with older adults who have Alzheimer's or dementia, or Parkinson's?**

**How do you artistically engage with older adults?**

**What are the biggest challenges you feel you face working with older adults?**

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

## **ATTACH**

- Resume
- Copy of Creative Aging Certification
- 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](mailto:mkokora@westvalleyarts.org), or via U.S. mail to: Melody Kokora, 16126 N Civic Center Plaza, Surprise, AZ 85374**

