

Your answers to these questions are confidential and do NOT affect your acceptance into the program. Applicants of all income levels may apply.

Have you or anyone in your household received cash payments through a federal, state, or local income-based public assistance program (for example, welfare, free school lunches or unemployment benefits)? Yes No

Have you or anyone in your household received or been determined to be eligible to receive food stamps within the past year? Yes No

Do you live: With your parents On your own With relatives With non-relatives

Are you in the dependency system? Yes No How many people (including yourself) live in your household? _____

Ethnicity (optional):

Black Non-Hispanic White Non-Hispanic Hispanic Asian/Pacific Islander Native American Indian
 Other _____

Do you have a documented disability? Yes No

SHORT ANSWER

Please answer ALL of the following questions on a separate page. Typed responses are required. You must answer each question in this section.

1. Will you be able to attend all scheduled dates and times as listed above? If not, please explain.
2. Why do you want to participate in ArtWorks? How will participating help you reach your future goals?
3. Which workforce skill(s) do you need to better develop?
4. Describe an experience where you were part of a team or group project. What did you learn from that experience? Were there any disappointments? If so, how did you handle them?
5. Why is it important for young artists to have job opportunities in the arts?
6. Arts for Learning is an equal-opportunity employer. Do you have any special needs or physical limitations that require accommodations? Please explain.

*By signing below, I declare that all information provided on this application is true, accurate and complete to the best of my knowledge and that I have withheld nothing that, if disclosed, would alter the integrity of this application. I authorize investigations of all statements contained in this application as may be necessary to make an employment decision. I agree that Arts for Learning will not be held liable in any respect if a job offer is not extended, or is withdrawn, or employment is terminated because of false statements, omissions or responses made on this application. I understand that employment for ArtWorks is "at will," which means that either I or Arts for Learning can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by law. I hereby acknowledge that I have read and understand this entire application. **BOTH SIGNATURES BELOW ARE REQUIRED.***

Signature of Applicant _____ Date _____

Signature of Parent/Guardian _____ Date _____

ALL required documents must be submitted to:

Ivy Bennett at Arts for Learning by your session's corresponding deadline (See Page 1).

You will be notified of your interview appointment via email.

Applications may be mailed or emailed.

PLEASE SELECT ONLY ONE DELIVERY OPTION:

1. **Mail:** Ivy Bennett, Arts for Learning, 404 NW 26th Street, Miami, FL 33127 / Phone 305-576-1212 ext. 36
 2. **Email:** ivy@A4LMiami.org
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ARTWORKS RECOMMENDATION FORM

APPLICANT: You may submit either one (1) letter of recommendation OR this form, completed by an adult older than 21 years of age who is not a relative or friend. Please select someone who knows your work performance well, such as a teacher, past employer, mentor, or community or clergy leader. This form MUST accompany your application. We may contact your reference to verify their recommendation of your work.

REFERENCE: You may either write a letter of recommendation for the Applicant, OR complete this form. This recommendation is an important component of the ArtWorks hiring process. Applicants must submit this recommendation with their application. If you write a letter of recommendation, please be sure to reflect on the questions below and include your contact information. Thank you!

Name of Applicant: _____

Name of Reference: _____

Reference Contact Phone: _____

Reference Email Address: _____

What is your relationship to the Applicant? _____

How long have you known him/her? _____

Circle the rating that best describes the applicant:

DEPENDABILITY	Excellent	Good	Fair	Poor
PUNCTUALITY	Excellent	Good	Fair	Poor
ACCURACY OF WORK	Excellent	Good	Fair	Poor
WILLINGNESS TO LEARN	Excellent	Good	Fair	Poor
JUDGEMENT	Excellent	Good	Fair	Poor
COMMUNICATION SKILLS				
VERBAL	Excellent	Good	Fair	Poor
WRITTEN	Excellent	Good	Fair	Poor
PROFESSIONALISM	Excellent	Good	Fair	Poor
RESPECT FOR OTHERS	Excellent	Good	Fair	Poor
OVERALL IMPRESSION	Excellent	Good	Fair	Poor

(Continued on Page 4)

ARTWORKS RECOMMENDATION FORM (cont.)

Please answer the following questions.

Have you observed the Applicant working on a team? If so, what was his/her role? How did he/she interact with the team? Would you recommend the Applicant for a job in a collaborative team environment?

Is the Applicant self-motivated? Does he/she take direction well or require extra direction and/or supervision when assigned a task?

How does the Applicant respond to constructive criticism?

Would you recommend the Applicant for the ArtWorks Internship program? (Please circle one): Yes / No

Please include any additional comments here:

REFERENCE SIGNATURE _____ **Date** _____