



HOW DOES THE SCHOOL STUDIO ARTIST APPLICATION PROCESS WORK?

- Step 1:** You think you want to be an AWE School Studio artist!
Visit the AWE website (www.awe-inc.org) or contact the AWE Program Coordinator (Mary Osmundsen: 414-933-3877 or mary@awe-inc.org) to get a copy of the Artist Information Form and ask any questions you may have.
- Step 2:** Complete the information form, attach your resume and submit it.
E-mail, mail or fax it in (see contact info at bottom).
- Step 3:** AWE receives and processes your information.
Our staff (and sometimes board) will review your information and contact you to set up an interview.
- Step 4:** You come in for your interview.
Bring along any additional information and/or work samples you would like us to see.
- Step 5:** Your interview goes well!
If the interview goes well, the AWE Program Coordinator will add you to a database of artists. You sign up for an AWE Immersion session and learn the ropes of AWE!
- Step 6:** A school submits an application for a project that AWE believes you would be a good fit for!
If a school submits an application for a project that would be working in your media and sounds like something you would be a good fit for, the AWE Program Coordinator will call you to find out about your interest and availability.
- Step 7:** You agree to do the project.
The AWE Program Coordinator will work with you and the school to set up a planning meeting to discuss the project goals, logistics and scheduling.
- Step 8:** You plan and implement the art experience for the students!
The Lead Artist(s) work to determine how to use the time they have with students and what materials they will need, Assistant Artists and the AWE Program Coordinator assist in brainstorming. AWE Program Coordinator and Lead Artist(s) work together to get supplies. Artists re-assess the plan throughout the process and have fun creating art with students!
- Step 9:** Celebration!
You and the community, including students, parents, faculty and staff, decide how best to celebrate the completion of the project and create an invitation for community members to join you and see what you have accomplished.
- Step 10:** Reflect.
Help us grow and improve by sharing your thoughts, comments, successes and suggestions through completion of written evaluations and attendance at the end of the school year Artist Listening Session.



AWE School Studio Artist Information Form

PERSONAL INFORMATION:

Name (Last Name First): _____

Present Address: _____
Street, Apt. No. City State Zip

Permanent Address: _____
(if different) Street, Apt. No. City State Zip

Home Phone: _____ Cell Phone: _____ Work: _____

Fax: _____ Email: _____

How did you hear about AWE? (Check all that apply)

Employment Agency Newspaper Ad Friend State Employment Office
College Placement Service Email AWE website Other

Ever worked with AWE before? _____ Where & When? _____

Do you carry liability insurance? Yes No
(Other than auto liability?)

EDUCATION: Highest Level Attained Only.

School Name: _____

School Address: _____

No. of Years Attended: _____ Date of graduation: _____

Degree/Certificate Received: _____

* Please attach a 1-2 page resume (and optional work samples)

DISCIPLINE: Check only ONE heading and ONE subset that best describes your work.

Performing Arts

Dance Theater Storytelling
Vocal Music Instrumental Music

Visual Arts:

Ceramics/Sculpture Video/New Media Photography Mixed Media
Painting/Drawing Fiber Arts Puppetry Web/Graphic Design

Multi-Disciplinary:

Folk or Traditional Arts (Traditional arts or crafts handed down within your community or culture) Please describe:

Literary Arts:

Poetry Playwriting Other (Please specify):

REFERENCES: Below, please give the names of three persons familiar with your work to whom you are not related, and whom you have known for at least one year.

1) Name: _____ Phone: _____
Address: _____
Business: _____
Years Acquainted: _____

2) Name: _____ Phone: _____
Address: _____
Business: _____
Years Acquainted: _____

3) Name: _____ Phone: _____
Address: _____
Business: _____
Years Acquainted: _____

* Please attach a 1-2 page resume (and optional work samples)

BIOGRAPHY:

Please submit a brief biography (no more than 100 words) that may be published on the AWE website and distributed to schools.

TEACHING ARTIST APPROACH: (Please answer each question, use additional pages as necessary.)

Please describe your personal mission and philosophy as a Teaching Artist and your approach to working with children.

How do you hope to benefit from working with Artists Working in Education? What do you expect will be your challenges working with Artists Working in Education?

* Please attach a 1-2 page resume (and optional work samples)

BACKGROUND CHECK:

AWE conducts a criminal background check for all employees, independent contractors and volunteers. The purpose of the check is to ensure there is nothing that would render them unfit to work with children. Background checks shall be completed in the state(s) in which the individual resided for at least 6 months in the last 5 years and was 18 years old or older at the time.

The criminal background check is done through the Wisconsin Criminal Investigation Bureau, and statewide public records are searched for criminal convictions. Results of the check will be disclosed to any individual before being submitted to any outside individual or agency.

AWE follows federal and state law and does not discriminate based on the results of the check unless there is a clear relationship between the criminal offense discovered and the nature of the volunteer or paid work to be performed.

Today's Date: _____ Date of Birth: ___ Month ___ Day ___ Year

First Name: _____ M.I. ___ Last Name _____

Street: _____ City _____ Zip _____

Please list any other names or variations of names you have used: _____

If you lived in any other state for at least 6 months during the past 5 years and were age 18 or older, please list past address (es)

Street _____

City _____ State _____ ZIP _____

Have you ever been convicted of any crime, including sex-related or child abuse related offenses? _____

If so, please list the offense(s), including the date of conviction, state, and sentence.

AUTHORIZATION:

"I certify that the facts contained in this form are true and complete to the best of my knowledge and understand that falsified statements on this application shall be grounds for cancellation of any contract with AWE.

I authorize investigation of all statements contained herein and the references listed above to give you any and all pertinent information they may have, personal or otherwise and release AWE from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the organization has any authority to enter into any agreement for services for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized organization representative."

Date _____ Signature *

* If you are submitting this form online, please mail or fax this Background Check page with your signature to the address or fax number listed below.

THIS SECTION TO BE COMPLETED BY AWE:

Background Check Results: _____

Completed By: _____ Date _____

Print name:

Signature