

**A Town Center, Inc.** **ARTISTS-IN-RESIDENCE APPLICATION 2019-2020**

**TODAY’S DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

A Town Center, Inc. does not discriminate on the basis of race, color, national origin, sex, disability, political beliefs, sexual orientation, marital status, and guarantee’s that this application will be handled in a confidential manner.

**GENERAL INFORMATION:**

NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OTHER PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-MAIL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE OF BIRTH \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_AGE\_\_\_\_\_ MALE \_\_\_\_\_ FEMALE\_\_\_\_\_

CURRENT ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CITY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ZIP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PERMANENT ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CITY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ZIP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMERGENCY CONTACT**

NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_RELATIONSHIP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_RELATIONSHIP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WHAT KIND OF TRANSPORTATION WILL YOU USE?** (PERSONAL CAR, BUS, BICYCLE, WALKING):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HOW DID YOU HEAR ABOUT THE ARTISTS-IN-RESICENCE OPPORTUNITY? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**REFERENCES** PLEASE LIST TWO REFERENCES. INCLUDE ADULT BUSINESS ASSOCIATES, EMPLOYERS OR SOCIAL FRIENDS. (DO NOT LIST RELATIVES). BE SURE YOU INCLUDE PERSONS WHO CAN PROVIDE INFORMATION ABOUT YOUR QUALIFICATIONS AND SUITABILITY FOR THE PROGRAM**.**

1.

First and Last Name of Reference How do you know this person? Phone # with area code

Alternate phone # e-mail if available

2.

First and Last Name of Reference How do you know this person? Phone # with area code

Alternate phone # e-mail if available

**COMPLETING THE APPLICATION PROCESS:** I understand that my application as an Artist-in Residence is contingent upon successful completion of the interview process and review from the interview panel. I certify that the above information is correct. I agree to inform A Town Center, Inc. of any changes.

**I give my permission for the named references to release information about me and for my criminal history to be verified.**

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Thank-you for your willingness to share your talents!**

**ABOUT THE ARTIST: (PLEASE COMPLETE AND RETURN WITH APPLICATION)**

CREATIVE DISCIPLINE(S):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

YEARS PRACTICING: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WEBSITE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**1**. LIST OF EXHIBITIONS, SHOWS AND/OR PUBLICATIONS (EXPLAIN GAPS OF TIME):

**2.** PLEASE LIST CREATIVE SKILLS AND STRENGTHS YOU WOULD HAVE TO SHARE AS AN ARTIST-IN-RESIDENCE:

**3.** PLEASE BRIEFLY DESCRIBE A PROJECT YOU WOULD LIKE TO BRING TO A TOWN CENTER, INC./ ANDERSON INDIAN AND WHY IS IT IMPORTANT TO SHARE THIS WITH THE COMMUNITY? HOW WILL IT ENHANCE THEIR ARTS EDUCATION EXPERIENCE? \_\_\_\_\_\_\_\_\_

**4.** WHAT TYPES OF TECHNIQUES, PROCESSES AND OR MATERIALS WOULD YOU USE?

***Please attach documentation of current projects that they are working on, along with most recent works completed.***

**ANSWER ALL THAT APPLY:**

AGES YOU ARE COMFORATABLE TEACHING CLASSES TO:

OTHER COMMENTS:

**AVAILABLITY:**

WILL YOU BE ABLE TO ATTEND AND/OR TEACH CLASSES SATURDAY WORKSHOPS? IF SO, HOW MANY SATURDAYS A YEAR ARE YOU AVAILABLE TO ATTEND?

ARE YOU WILLING TO OPEN UP YOUR STUDIO AND/OR ATTEND AT LEAST 10 OUT OF 12 FIRST FRIDAY EVENTS OF THE YEAR?

**A TOWN CENTER, INC. CRIMINAL HISTORY CHECK FORM**

**(PLEASE COMPLETE AND RETURN WITH APPLICATION)**



\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name Middle Initial Last Name

Previous married and/or maiden names\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ male \_\_\_\_\_female\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_ Driver License Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Month Day Year

Have you ever been convicted of a felony or a misdemeanor? no \_\_\_\_\_ yes \_\_\_\_

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I give the A Town Center, Inc. permission to check my criminal history with state and local police as well as with any jurisdictions in other states in which I have lived.

Signature Date

**NOTE:** A criminal record will not necessarily disqualify an applicant. A criminal record is one piece of information that will be considered in determining the appropriateness of an individual to be an Artist-in-Residence.

PLEASE PROVIDE 2 FORMS OF ID, ONE OF WHICH SHOULD BE A PICTURE ID. WE WILL MAKE A COPY OF YOUR PICTURE ID AND KEEP IT IN YOUR CONFIDENTIAL FILE.

Office use: ID’s provided: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**1) SUBMIT YOUR APPLICATION, REFERENCES AND BACKGROUND CHEK AUTHORIZATION TO:**

ATTENTION:

SONIA CALDWELL

A TOWN CENTER, INC.

EMAIL: **ATOWNCENTER@GMAIL.COM**

ADDRESS:1204 Meridian Street, Anderson, IN 46016

**2) AFTER YOUR APPLICATION HAS BEEN RECEIVED, REVIEWED, REFERENCES CHECKED, BACKGROUND CHECK COMPLETED... LEVI RINKER OR SONIA CALDWELL WILL CONTACT YOU FOR AN INTERVIEW.**