



CREATIVE AGING

WEST VALLEY ARTS 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
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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) \$ _____

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

Teaching Artist Experience:

[illegible]

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 and/or relevant teaching 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 your completed application:

Via Email to: CreativeAging@westvalleyarts.org

OR

**Via U.S. mail to:
West Valley Arts Council
Creative Aging Program
16126 N Civic Center Plaza
Surprise, AZ 85374**

