

No. _____ Date of Receipt: _____



YOUTH MENTORSHIP in the ARTS PROGRAM
Youth Participant Application Form

Please return this submission to: your local
Arts Facilitator

Name: _____

Address: _____

_____ Postal Code _____

Telephone: (Home) _____ (Other) _____

Email: _____

Date of Birth: (y/m/d) _____ Gender: Male Female

Emergency Contact: _____

Relationship _____ Telephone: _____

Please specify exactly what area of the arts you would like to be mentored in:

PLEASE RESPOND TO THE FOLLOWING QUESTIONS:

1 Have you applied your experience to any arts and cultural activities? If so, how?

2 Please summarize your experience during the past twelve months (e.g. work, study, projects).

3 What is your proudest achievement?

4 Why do you want to participate in this project? What do you hope to achieve?

5 Are you willing and able to make this project a priority? _____

6. Can you commit 10 hours per month for this Mentorship Program? _____

7. What skills/strengths would you bring to this program?

8. What future career goals do you have at this time?

9. Participants will work both independently and as part of a team. Please give examples of:
a) how you have worked as a team player (e.g. collaboration, collective creation) b) when you took initiative and acted independently or as a leader

10 Are you prepared to put extra time into this project, from time to time, in order to meet deadlines agreed upon between you and your mentor? _____

PLEASE INCLUDE WITH YOUR SUBMISSION:

Concise responses to the questions above

Your resume

Your nominator's form

If applicable, samples of your artistic work. Please send copies if possible. If sending originals, please arrange to drop off and pick up.

PLEASE READ GUIDELINES FOR DETAILS & COMMITMENT REQUIREMENTS.

This personal information is being collected under the authority of ACI and will be used and disclosed for the purpose of determining your eligibility for participation with the Mentorship Program. It will also be shared with the Department of Education, Citizenship and Youth for data collection purposes.

NOMINATOR

Name _____

Title/organization _____

Address _____

_____ Postal Code _____

Telephone: (Residence) _____ (Business) _____

E-mail: _____ Fax _____

Are you also applying to act as this Applicant's Mentor ? Yes ___ No ___

PLEASE RESPOND TO THE FOLLOWING QUESTIONS:

1 Why are you nominating this person for this program? What strengths will he/she bring to this project?

2 How long have you been familiar with your nominee's work? _____

3 In what capacity are you familiar with this applicant's work in arts and cultural pursuits?

4 Please provide a background of your nominee's arts and cultural involvements.

Please return this form to the Youth Applicant for inclusion in his/her application