



**Community-based Art (CBA) Prison Arts Collective Application Form**

**Eligibility:** Must be 18 years and older. Recommended experience with art and art making. All volunteers must be willing to abide by all rules, regulations, and policies of the institution and of CBA.

**Personal Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home phone: (\_\_\_\_) \_\_\_\_\_ Cell phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

**Program Information**

Current Area of Study/School Name (if applicable): \_\_\_\_\_

We teach weekly 4-hour classes in 10 week sessions. Would you be able to commit to one session?

Yes

No

Do you have any prior experience teaching? If so, please explain.

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Have you volunteered with us or another organization previously? If so, where?

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What classes are you interested in teaching and/or assisting? \_\_\_\_\_

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What is your background and experience with art? \_\_\_\_\_

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If so, please circle the areas you would be comfortable teaching and indicate level:

**B** - Beginner **I** - Intermediate **A** - Advanced

Art History / Critique

Creative Writing

Collage

Performance Art

Printmaking

Music

Sculpture

Portfolio Development

Painting

Poetry

Drawing

Other

Mural

Why are you interested in working with CBA: Prison Arts Collective?

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What will you, as a teacher, be contributing to your class? \_\_\_\_\_

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Do you have reliable transportation to and from the site? \_\_\_\_\_

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How did you find out about us? \_\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_ Address: \_\_\_\_\_