

Arts Aspire!

Teen Arts Ambassador Program Application

(Free School Year Membership)

Date: ___/___/___

Student Name: _____ Parent Name: _____

Student Phone: _____ Parent Phone: _____

Student Email: _____ Parent Email: _____

Address: _____

City: _____ State: _____ Zip code: _____

Student Age: _____ School: _____

In what areas are you interested in gaining professional experience?

- | | |
|---|---|
| <input type="checkbox"/> Education Programs | <input type="checkbox"/> Marketing Campaign |
| <input type="checkbox"/> Visual Arts Exhibitions | <input type="checkbox"/> Fund-raising |
| <input type="checkbox"/> Performing Arts Programs | <input type="checkbox"/> Research |
| <input type="checkbox"/> Production | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Distribution and Marketing |
| <input type="checkbox"/> Docent (i.e. Tours of Gallery) | <input type="checkbox"/> Other |

Please list skills that you think may be helpful: (i.e. typing, computer (Word, Excel, and Publisher), organizational, arts and crafts, teaching, directing, etc.)

How did you learn about the Teen Arts Ambassador Program?

Free membership for participants of the 2017 – 2018 Teen Arts Ambassador School Year program is funded by Community Foundation of Broward and a General Fund Social Services Grant from the City of Hollywood.