

**Staff
APPLICATION
FORM**

Summer 2019

Page 1



PERSONAL INFORMATION

Last Name: _____ Middle Initial: _____ First Name: _____

Date of birth: _____ Place of birth: _____ Citizenship: _____ Place of Birth _____

Gender: M F Social Security number or ID number: _____

T-Shirt size: _____

Permanent (Home) Address: Street: _____

City: _____ State/Province: _____ Zip Code: _____

Country: _____ Home Telephone: _____

Present Address: (If different from above) Street: _____

City: _____ State/Province: _____ Zip Code: _____

Country: _____ Home Telephone: _____

email: _____ Mobile Phone: _____

I do I do not have a passport valid for 6 months after the program ends.

I do I do not have a valid visa to travel to the United States

Are there any medical conditions or other issues that might impact or affect your ability to participate in or fully perform your job? Yes No If yes, please explain: _____

Have you ever been convicted of a crime? Yes No If yes, please describe: _____

Optional Information: (Complete any with which you identify. This information helps us to know a bit more about you and will not be used to discriminate based on your answers for hiring purposes.)

Ethnicity(ies): _____ Religion(s): _____

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Page 2



Additional Information

Reference Information: Please give us the name, address, phone number, and your relationship to the person providing the reference.

Name	Address	Phone #	email	Relationship

Current Occupation/Work: _____

Supervisor's Name: _____ Supervisor Phone: _____

Education

Name of School	Dates Attended

Major/Areas of Interest: _____

How did you hear about Artsbridge, Inc.? _____

Why do you want to work at Artsbridge, Inc.? _____

Please be aware that we communicate mostly through email. If this is not convenient for you, please let us know the best way to contact you. _____

I hereby affirm that all information in this application is accurate to the best of my knowledge.

Signature _____

Date _____

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Summer 2019
Page 3



Staff Skills Questionnaire:

What position are you applying for (counselor, intern, Art Instructor, Film instructor, dialogue facilitator, administrative, other)? _____

Please rate the following skills and/or qualifications below using the following scale:

- "1" for activities that you are certified or licensed to organize and work in –
- "2" for activities that you feel confident and have experience with -
- "3" for activities that you can assist in, but not organize by yourself. -
- "4" for activities which are just your hobby.

Group Work

_ Leading groups. (Please list what type of groups and ages of groups you have led and where.) _____

Communication and Dialogue

_ Facilitation _____ Mediation _____ Dialogue _____ Curriculum Development _____ Other: _____

Youth Leadership

_ Leadership Development _____ Team-building _____ Self-esteem building
_ Curriculum Development _____ Other: _____

Office Administration

_ Computer Skills _____ Written Communication
_ Internet/Social Media _____ Other: _____

Specialties

- | | |
|---|---|
| <input type="checkbox"/> Painting | <input type="checkbox"/> Outdoor Action/Education |
| <input type="checkbox"/> Drawing | <input type="checkbox"/> CPR/First Aid |
| <input type="checkbox"/> Dance (What type) _____ | <input type="checkbox"/> Lifeguarding |
| <input type="checkbox"/> Sports (What type) _____ | <input type="checkbox"/> Singing |
| <input type="checkbox"/> Drama (What type) _____ | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Musical Instrument (What type) _____ | <input type="checkbox"/> Other (Please describe)
_____ |

Please return this application to:

Artsbridge, Inc.
P.O. Box 113 Swampscott, MA 01907
USA

You may mail applications to the above address, or email them to: deb@artsbridgeinstitute.org