



Application Due: Monday, September 20th, 2021 by 4:00pm

Young Audiences of Western New York's ArtWorks program is a multi-disciplinary, arts-based job training program for Teen Youth Apprentices ages 16-18, in the City of Buffalo and Erie County. For the school year, a cohort of teen apprentices will engage in arts activities and projects, led by a Master Teaching Artist, while learning workforce readiness skills. There will be professional development workshops, as well as guest speakers and trips to various Buffalo arts and cultural sites.

The ArtWorks program consists of a Fall Session (October 4, 2021 - December 15, 2021) and a Spring session (February 28, 2022 - May 25,2022).

This will be a \$12.50/hour paid position, with commitments and expectations that meet those of a regular job. You will be required to attend **ALL** scheduled sessions.

The program will be held IN-PERSON at the Buffalo & Erie County Public Library.

1 Lafayette Square, Buffalo, NY 14203. Following Downtown Library guidelines, masks will be required for all participants.

The Fall Session will be October 4th, 2021 - December 15th, 2021 and held Monday - Wednesday, from 4:00PM - 6:00PM.

The Spring Session will be held February 28, 2022 - May 25,2022 (No program during week of Spring recess, April 11-15)

Monday - Wednesday, from 4:00PM - 6:00PM.

For any questions, please contact: Young Audiences of Western New York, Inc. 1 Lafayette Square, Buffalo, NY 14203 PHONE: 716.881.0917

FAX: 716.408.3279 EMAIL: artworks@yawny.org

ArtWorks is made possible by private and public support including support from Buffalo & Erie County Public Library, City of Buffalo and Buffalo City Council Members, Generator Z and Community Foundation for Greater Buffalo, and New York State Council on the Arts.

The following items must be received by email, fax, or mail before 4:00 pm on September 20th, 2021.

Incomplete applications WILL NOT be considered!

- 1. This completed and signed application form.
- 2. Typed or written responses to ONE short answer question on this application.
- 3. Copy of Third or Fourth Quarter Report card from 2020-2021 school year.
- 4. One **typed letter of recommendation from** a teacher, principal, coach, or guidance counselor. This may be emailed to artworks@yawny.org.

PERSONAL INFORMATION (print or type clearly)					
Name:	Fired				
	FIRST	Midale	Las		
Address: _		City:			
State:	Zip Code:	Phone:			
Email:					
Name of Pa	arent(s) or Legal Guardia	ın(s):			
Phone Num	nber of Parent(s) or Lega	ıl Guardian(s):			
Email of Parent(s) or Legal Guardians(s):					
Current Scl	hool:				
Age:	Gender:	Grade: ☐ 9 th ☐ 10 th [11 th 12 th		
Type of Sch	nool:	e	rter		
T-shirt size: XS S M L XL 2XL					
How did yo	u hear about ArtWorks?				

MEDIA RELEASE:

ArtWorks is both a youth development and employment opportunity and because of this we require parent/guardian signatures. If you have any questions or concerns, please feel free to call Allison Rabent at 716.881.0917. In this program, ArtWorks apprentices will produce creative visual artwork that may be chosen to be included in future publications for **Young Audiences WNY or any of the partners of this program**. By signing the form below, you are giving permission to reprint your teenager's work and to use any documentary audio, video, or still photos for use in project evaluation, and/or public relations. Additionally, photographs of your teen may be taken for use in future publicity to support the program as well as to showcase your teenager and his or her work. Reprinted publication of your child's work may be in the form of Internet, print, television, or radio.

ArtWorks Apprentice Name:		Grade:		
Parent/Guardian Name:				
Address:		ZIP:		
Parent Phone (day)	(eve)			
Apprentice Phone (day)	(eve)	Apprentice		
Email:		Parent/Guardian		
Email:				
FIELD TRIP PERMISSION: In this program, ArtWorks apprentices made below you are giving permission for your working in the ArtWorks Apprenticeship 2	teenager to take transportation on field			
ArtWorks Apprentice Name:				
Additional Emergency Contact Name):			
Relationship:				
Phone:	_ Cell:			
Emergency Contact Email:				
Please report any important health in ArtWorks Apprentice Name:				
Allergies:				
Medications:				
Food Restrictions:				
Other:				
Action Plan:				

Return materials to: Young Audiences, 1 Lafayette Square, Buffalo NY 14203

Phone: (716) 881-0917 Email: artworks@yawny.org Fax: (716) 408-3279

SHORT ANSWER

Respond to ALL of the following questions.

1.	15, 2021 Monday's-Wednesday's (4PM - 6PM) and Spring session February 28 2022 - May 25, 2022? If not, explain why.		
2.	What jobs/positions have you held in the past as an employer or a volunteer?		
3.	Have you participated in a workforce development program in the past? If so please describe.		
4.	What technology do you have access to from home? Check all that apply		
	☐ Wifi ☐ Personal Laptop ☐ School Laptop ☐ Personal Tablet		
	Apple Smartphone Android Smartphone		
swer any ONE of the following questions <u>on a separate page</u> . Typed			

Ans responses are encouraged.

- 1. What job skills are you most interested in developing through the ArtWorks Apprenticeship Program? (250-400 words)
- Why do you want to participate in the ArtWorks Apprenticeship Program? (250-400 words)
- 3. What does being an artist or creative thinker mean to you? (250-400 words)

By signing below, I declare that all information provided on this application is true, accurate, and complete to the best of my knowledge and that I have withheld nothing that, if disclosed, would alter the integrity of this application. I authorize investigations of all statements contained in this application as may be necessary to make an employment decision. I agree that Young Audiences WNY will not be held liable in any respect if a job offer is not extended, is withdrawn, or employment is terminated because of false statements, omissions, or responses made on this application. I understand that employment into ArtWorks is "at will," which means that either I or Young Audiences WNY can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by law. I hereby acknowledge that I have read and understand this entire application.

Return materials to: Young Audiences, 1 Lafayette Square, Buffalo NY 14203 Phone: (716) 881-0917 x101 Email: artworks@yawny.org Fax: (716) 408-3279

BOTH SIGNATURES BELOW ARE REQUIRED					
Signature of Applicant	Date				
Signature of Parent/Guardian	Date				
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THE NEXT STEP

You are encouraged to contact the Young Audiences office <u>before</u> the application deadline to verify that we have received all of your materials. <u>If all materials have been received by the deadline</u>, you will be contacted for an interview with Young Audiences staff.

Please return your application materials to:

EMAIL: artworks@yawny.org PHONE: 716.881.0917 FAX: 716.408.3279 Young

Audiences of Western New York

1 Lafayette Square, Buffalo, NY 14203

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