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9341 Mill St. Ben Lomond, CA 95005 831.336.3513 831.336.4ART
www.mountainartcenter.org

TEACHING APPLICATION
(Please fill out and return to above address)

This application must be accompanied by a current résumé which includes information about teaching experience, education and exhibitions of your work.

Teacher’s Name _____ (Please print)

Address _____ (city) _____ Zip code _____

Phone (day) _____ (evening) _____ Email _____

Member of the Art Center (circle one): Yes No

CLASS TITLE: _____

*Please provide the description of your class on the attached PUBLICITY FORM

Proposed dates, days of the week and times for class: _____

Number of sessions: _____

Skill or age level: _____

Classroom space required:

Special equipment, utilities, etc., required to teach your class:

Desired class size: between _____ and _____

Desired class tuition (teacher will be paid 70% of this): members _____ non-members _____

Materials fee and description, if applicable:

Teacher’s qualifications, experience and teaching philosophy:

Please sign and date below.

I have read the current Teacher Guidelines and understand that upon signing a contract with the Santa Cruz Mountains Art Center, I will be retained to perform specific services as an independent contractor and will not be an employee, representative nor agent of the Center.

Date _____ Signature _____



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TEACHING APPLICATION Part 2
CLASS DESCRIPTION AND PUBLICITY FORM

We will use the information provided on this form for advertising your class in our Calendar, publicity releases and Web Site.

TITLE OF CLASS OR WORKSHOP: _____

Class dates, days and times: _____

Teacher's Name: _____ Phone number: _____

SHORT CLASS DESCRIPTION: (**1-2 sentences**, e.g.: "This class is for very young children who want to get gooey with clay and maybe make something too!")

LONGER CLASS DESCRIPTION: Describe the media, methods and curriculum you plan to use.
(**One paragraph**)

ARTICLE FOR PRESS (**Three paragraphs**)