



**ARTIST MENTOR APPLICATION 2018**  
TEEN ARTIST INTERNSHIP PROGRAM

**Contact Information**

Today's date: \_\_\_\_\_

Artist Name \_\_\_\_\_  
Last First Middle

Home Address \_\_\_\_\_  
Street Name Apt./P.O. Box #  
City State Zip Code \_\_\_\_\_

Studio Location \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Email Address \_\_\_\_\_

**Tell Us About Yourself**

Have you worked as a mentor before? TAIP / Other. Explain.

\_\_\_\_\_  
\_\_\_\_\_

Please list and describe the medium(s) you are currently working in:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have your own studio? yes no

If no, please describe where you work:

\_\_\_\_\_  
\_\_\_\_\_

Does your workspace have any materials or tools that may be considered hazardous?

---

---

Please describe your experience working with teens:

---

---

Please tell us any days of the week that you **ARE NOT** available:

---

Please send the completed application, updated resume, and digital images of your current work (on a CD) or email jpegs of your work to:

NBAM/Artworks!

Attn: TAIP

608 Pleasant Street

New Bedford, MA 02740

Phone: 508-961-3072 or email to [dsmook@artworksforyou.org](mailto:dsmook@artworksforyou.org)

**Deadline: October 31, 2017**

**All mentors will be subject to CORI and DSS checks.**