



ARTIST MENTOR APPLICATION

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 dsmook@newbedfordart.org

Deadline: October 1, 2019

All mentors will be subject to CORI and DSS checks.