

Youth Application for Spotlight on the Arts Summer 2020

Email to: jill.roisen@calawyersforthearts.org or post to:

California Lawyers for the Arts,

2 Marina Blvd, Fort Mason Center, C-265, San Francisco, CA 94123

Deadline: May 11th, 2020

Basic Eligibility

1. Ages 14-17 & rising sophomore to rising senior
2. Live in San Francisco & SFUSD student
3. Low-income family
4. Interest in the arts
5. No concurrent summer employment with any city funded program
6. Ability to commit to the entire program
7. Undocumented youth are encouraged to apply

Applicant Name:

First

Last

Address:

Street #

Street Name

Apt #

Zip Code

Gender Pronouns: he/him/his she/her/hers they/them/theirs

Date of Birth (mm/dd/yyyy):

 / /

Race/Ethnicity: Asian African American Latino/a Middle Eastern

Pacific Islander White/Caucasian

Multi-racial (specify): Other (specify):

Home Language:

Foster Care Public Housing Special Needs LGBTQ

Home Telephone: () -

Cell Phone: () -

E-Mail: [Redacted]

School: [Redacted]

Current Grade Level: [Redacted]

GPA: [Redacted]

Name of Parent/Guardian: [Redacted]

Parent/Guardian Home Telephone: ([Redacted]) [Redacted] - [Redacted]

Cell: ([Redacted]) [Redacted] - [Redacted]

Parent/Guardian Email: [Redacted]

Family Gross Income: [Redacted]

No. in Household: [Redacted]

How did you hear about this program? School Non-profit Organization Family

Friend CLA Website Other (specify): [Redacted]

Name of Person/Contact Info for who referred you: [Redacted]

Phone/Email: [Redacted]

Please list any other planned summer activities including expected vacations and schedule of those activities INCLUDING SUMMER SCHOOL.

[Redacted]

List ALL other programs or work you are applying for or plan to apply for this summer.

[Redacted]

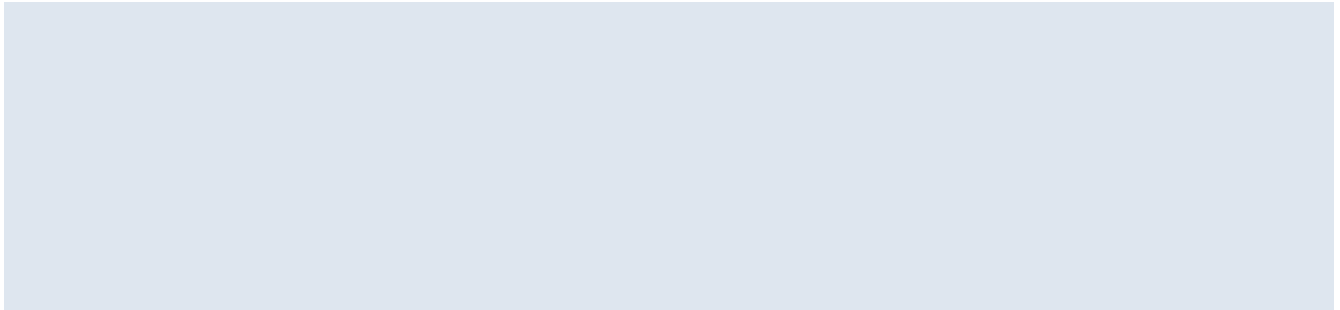
Please check all the Types of ARTS you are INTERESTED in Exploring.

- All Visual Arts: Painting Drawing Photography Sculpture Graphic Arts
- All Music Arts: Vocal Instrumental (specify): Writing Production
- All Theater Arts: Acting Directing Tech (lighting, sound, set design, etc.)
- All Writing/Literary Arts: Poetry Fiction Non-Fiction Journalism
- All Media Arts: Videography/Film Animation Shooting Editing Writing
- Directing Production Other (specify):

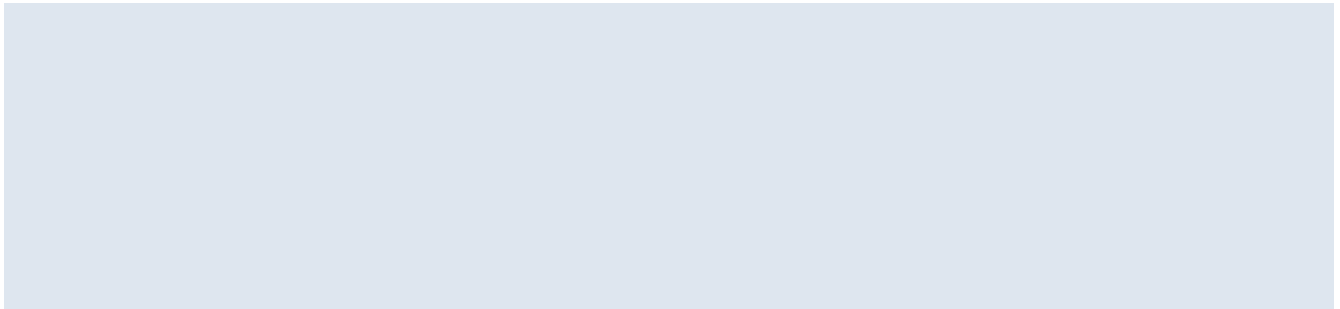
Please check all the SKILLS you have to offer at an internship site

- Working with Children/Youth Phone Skills Typing Internet Research Writing
- Editing Social Media Graphic Design Customer Service Organizational Skills
- Teaching Computer Programs (specify):
- All Visual Arts: Painting Drawing Photography Sculpture Graphic Arts
- All Music Arts: Vocal Instrumental (specify): Writing Production
- All Theater Arts: Acting Directing Tech (lighting, sound, set design, etc.)
- All Writing/Literary Arts: Poetry Fiction Non-Fiction Journalism
- All Media Arts: Videography/Film Animation Shooting Editing Writing
- Directing Production
- Other (specify):

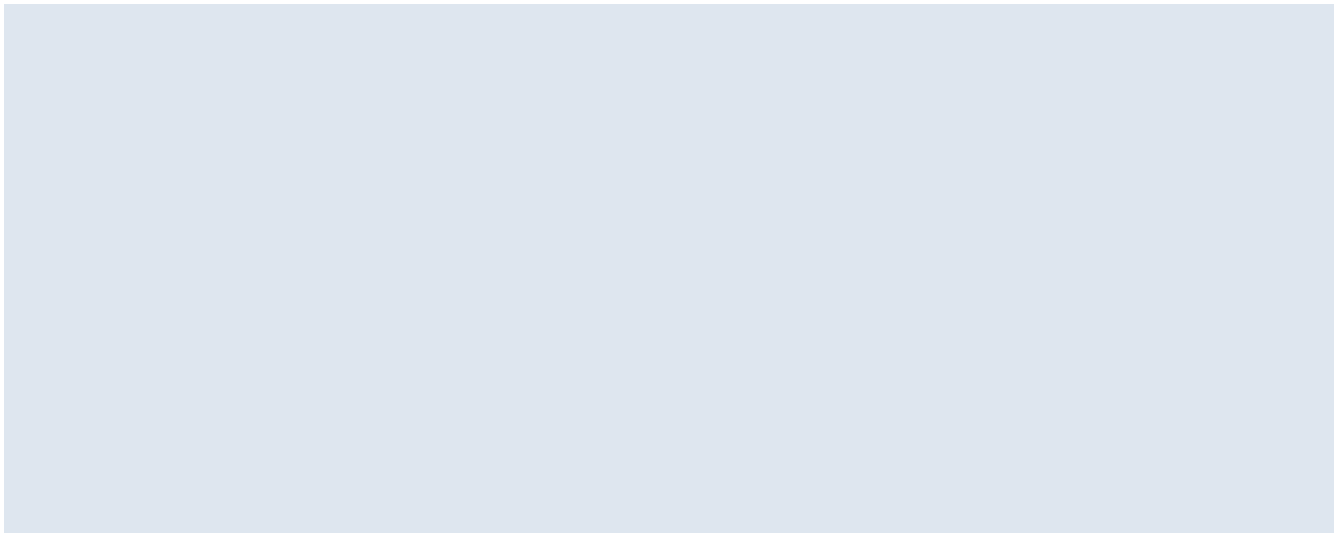
Please list previous work experience including internships, volunteer work, babysitting, etc. You may use attach additional pages (such as a resume) if you wish.



Please describe previous experiences with any type of arts. We encourage you to include a few examples of your artwork as attachments to this application.



Please write one or more paragraphs about why you would like to participate in the Spotlight on the Arts program.



CONSENT

As parent/guardian of the participant, I hereby authorize and give my consent for my child or ward to participate in all "Spotlight on the Arts" activities, including supervised internships at arts organizations, scheduled workshops and field trips accompanied by CLA staff and chaperones for the duration of the program. Parents/Guardians will receive advance notice of all field trips.

to have his/her picture taken and to be filmed or videotaped for program publicity purposes only.

*Can the participant receive emergency medical treatment, if needed? Yes No

*Can the participant be taken to the nearest medical facility? Yes No

*If not, where should they be taken?

Applicant's Name

First Last

Parent or Legal Guardian's Name:

First Last

Phone Number: () -

Email Address: _____

Signature: _____

Date: _____

EMERGENCY INFORMATION

In case of an emergency, whom should we contact? (**LIST TWO CONTACTS, one MUST be a PARENT or GUARDIAN and one PERSON NOT living with you.**)

1. Name: [Redacted]

Relationship: Parent Legal Guardian Other (specify): [Redacted]

Address: [Redacted]
Street City Zip Code

Tel- Home: ([Redacted]) [Redacted] - [Redacted] Work: ([Redacted]) [Redacted] - [Redacted]

Cell: ([Redacted]) [Redacted] - [Redacted]

Email: [Redacted]

2. Name: [Redacted]

Relationship: Parent Legal Guardian Other (specify) [Redacted]

Address: [Redacted]
Street City Zip Code

Tel- Home: ([Redacted]) [Redacted] - [Redacted] Work: ([Redacted]) [Redacted] - [Redacted]

Cell: ([Redacted]) [Redacted] - [Redacted]

Email: [Redacted]

Can California Lawyers for the Arts share your child’s information with the San Francisco Department of Children, Youth and Their Families?

Applicant/Participant Name: Date of Birth:

The San Francisco Department of Children, Youth, and Their Families (DCYF) funds our agency and the services we provide. To fulfill the requirements of this funding, we share information about the participants in our services with DCYF. We are asking for your permission to share your personal information with DCYF.

DCYF relies on the information that we provide to understand the characteristics of participants in our programs and to ensure that San Francisco’s most vulnerable children, youth, and families have access to services across the city. DCYF also uses the data to monitor our funding and to evaluate program activities and impacts.

By signing this form, you allow our agency and any subcontractors we may use to share information about your child’s participation in our program (or your participation, if you are 18 years of age or older) with authorized staff at DCYF.)

The information that we report to DCYF includes:

- Personal information, such as name, date of birth, and address;
- Demographic information, such as race/ethnicity and gender identity;
- Education information, such as school name and grade level;
- Participation in activities and services, such as dates of participation and number of participation hours; and
- Anonymous and voluntary youth experience surveys.

DCYF works in close partnership with the San Francisco Unified School District (SFUSD). The information that we share with DCYF is also shared with SFUSD if it is related to an SFUSD student. **Federal and state laws that govern the use and disclosure of student education records protect the privacy of this information. No information shared will ever be publicly reported in a way that may be used to identify you.**

Your Rights: You do not have to sign or return this form. If this is the case, we will not share your information with DCYF. Choosing not to share information will not affect your child’s participation (or your own participation, if you are 18 years of age or older) in our program. This form will expire on June 30, 2023, the end of DCYF’s current funding cycle, but you may cancel it at any time by informing us in writing. If you cancel your permission, it will go into effect immediately, unless the information has already been shared. You have a right to receive a copy of this form.

Your Name:

Relationship to Participant: Parent Legal Guardian Participant 18 Years of Age or Older

Signature:

Date: