

# artWORKS!

## Intent to Participate in Program: Middle/High School Students

*Remember there is no funding, participation is voluntary*

Trimester 1 \_\_\_\_\_; 2 \_\_\_\_\_; 3 \_\_\_\_\_

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

*Mission of Your Organization:*

*Describe Classes/Workshop You Propose to Offer:*

*Times Available:*

<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>

*Ideal Target Population:*

*Supply/Space Needs:*

*Describe Your Experience Working with Youth:*

References

- 1.
- 2.
- 3.

Comments/Questions:

***Please Note: We will need to have current TB test and complete Live Scan of Fingerprints***