



Career Exploration: Interim Experience

January 2016

APPLICATION PACKET

DUE: December 1, 2015

COMPLETION CHECKLIST

- COMPLETED PROFILE
- TEACHER RECOMMENDATION
- PARENT PERMISSION
- BACKGROUND SCREENING

Program Description: As part of the Frist Center's Experiential Learning Program, Interim experiences are available for high school students conducting interim between January 5th and February 1st. Students will see the behind-the-scenes of an arts center, learning about non-profit operations as well as careers in the arts. Students will be primarily placed in the Education Department, shadowing various staff members as they work on a variety of programs and projects. Special activities and opportunities can be provided to the student based upon the interests indicated in the Interim Application packet. Interims are limited to five eight-hour days, are offered as staff is available, and participants must meet all eligibility criteria.

Eligibility for the Program: To be eligible to participate, a student must:

- Currently be enrolled in high school
- Have a passing grade in all classes from the previous grading period
- Have good communication skills (and a willingness to learn and improve)
- Have good interpersonal skills (and a willingness to learn and improve)
- Have submitted a *complete* application packet by date due. Illegible or incomplete packets will not be considered
- Be committed to being involved, engaged, and positive during the interim experience

**Career Exploration: Interim Experience
STUDENT PROFILE**

Name: _____

Cell Phone: _____ Email: _____

School: _____ Grade: _____

Recommending Teacher/ Advisor: _____

How many hours are you required to spend at your interim site? _____

What are the primary requirements of your interim? _____

Have you been to the Frist Center for the Visual Arts as a visitor in the last year?

YES _____ NO _____

Why do you want to spend your interim at the Frist Center for the Visual Arts?

Are there any activities, hobbies, classes, work or volunteer experiences you might have had that relate to the work we do at the Frist Center?

What interests, goals, or curiosities might you have that could tell us about you, and help us better shape your interim experience?

Student Signature: _____

**Career Exploration: Interim Experience
TEACHER/ ADVISOR RECOMMENDATION**

Student name: _____
Teacher/Advisor name: _____
School: _____
Grade/Subject: _____
Email: _____
Phone: _____

Why should this student be selected to participate in the Career Exploration: Interim Experience at the Frist Center for the Visual Arts?

What do you hope he/she learns, or gets out of, the experience?

Teacher Signature: _____

Career Exploration: Interim Experience PARENTAL REGISTRATION AND CONSENT

Student's Name: _____
 Home Address: _____
 City: _____ State: _____ Zip: _____
 Present Age: _____ Birth date: _____ Male: _____ Female: _____
 Current Grade Level : _____ School: _____

PARENT/ GUARDIAN INFORMATION:

Parent/ Guardian #1 Name: _____
 Relationship to student: _____
 Home Phone: _____ Work Phone: _____ Cell/Pager: _____
 Address: _____ City: _____ State: _____ Zip: _____

Parent/ Guardian #2 Name: _____
 Relationship to student: _____
 Home Phone: _____ Work Phone: _____ Cell/Pager: _____
 Address: _____ City: _____ State: _____ Zip: _____

Please indicate how the participant will arrive and leave the program each day:

Other than parents/guardians listed above, list names of adult(s) who may pick up your child:

Name: _____ Relationship: _____
 Home Phone: _____ Work Phone: _____ Cell: _____

Name: _____ Relationship: _____
 Home Phone: _____ Work Phone: _____ Cell: _____

EMERGENCY CONTACT INFORMATION:

In the event of an emergency when the persons listed above cannot be reached, please list the name of an emergency contact.

Name: _____
 Relationship to student: _____
 Home Phone: _____ Work Phone: _____ Cell _____ : _____
 Address: _____ City: _____ State: _____ Zip: _____

If you are unavailable, is this person authorized by you to give permission for treatment? Yes No

If neither parents, persons named above, nor your physician is available in case of an emergency, the Presenters will exercise their judgment regarding medical treatment.

MEDICAL INFORMATION:

Student's Physician: _____ Phone: _____

Insurance Carrier: _____ Group Number: _____

Full Name of Policy Holder: _____ Relationship to Child: _____

Does your child have any allergies or any other physical or psychological considerations? Yes No

If so please list and specify: _____

Will your child be taking medication during his/her program? Yes No

The Frist Center cannot administer medication.

I _____ hereby grant permission for _____ (the "Participant") to participate in all activities on or off the facilities of the Frist Center for the Visual Arts, Inc., I understand that the Presenters or any of their personnel shall not be liable for any personal injuries or property damage sustained by the Participant even if caused, in whole or in part, by the action, inaction or negligence of the Presenters and/or due to the condition of the premises on which the Nashville Art Works will take place, whether such negligence, fault, and/or condition of the premises is present at the signing of this agreement or takes place in the future. I release the Presenters, their representatives, trustees, agents, vendors and employees (the "Released Parties") from any and all claims, demands, damages or rights of action that I, my child or legal ward who is the Participant, the Participant's estate or my spouse/partner (the "Releasing Parties") may hereafter have, arising out of, or related to, the Participant's participation, whether in tort, contract or otherwise. I agree to indemnify and hold harmless the Released Parties from and against any and all liabilities, claims, demands or actions arising out of, or related to participation in any and all activities that may be conducted with respect thereto, whether in tort, contract or otherwise. The Releasing Parties will not sue or make a claim against the Released Parties for loss or damage suffered by me in connection with the Frist Center for the Visual Arts. If the Releasing Parties violate this Agreement by filing such a suit or making such a claim, I will pay all reasonable attorneys' fees and costs incurred by the Released Parties in defending such a suit or claim. I represent that I am the parent or legal guardian of the Participant, am making this agreement for the benefit of the Released Parties and that I have the authority to execute the agreement. As a parent or legal guardian of the Participant, I agree to indemnify and hold harmless the Released Parties from and against any and all liabilities, claims, demands or actions brought by the Participant or the Releasing Parties against the Released Parties, which arise out of, or are related to, the Participant's participation in the Nashville Art Works, whether in tort, contract or otherwise. I also give permission for photographs of the Participant to be used in Presenters publicity materials. I approve this application and all the information contained therein above.

Signature of Parent/Guardian: _____ Date: _____

ANSWERS TO FREQUENTLY ASKED QUESTIONS:

- Incomplete or illegible application packets will not be considered.
- Selected participants will be notified via email within two weeks of receipt of application packet.
- Participants should dress as business casual and appropriate for school and wear shoes fit for walking.
- Participants may bring a lunch or purchase lunch in the Frist Center Café.
- The Frist Center is a drug free, smoke free environment.
- Any disciplinary issues will not be tolerated and will be handled by institutional security.
- We ask that participants put mobile devices away during their time at the Frist Center.

ADDITIONAL QUESTIONS?

Samantha Andrews
Assistant Director of Experiential Learning
Frist Center for the Visual Arts
919 Broadway
Nashville, TN 37203
sandrews@fristcenter.org
615-744-3349