

Seniors Creating Art

Inspiring hope and purpose in seniors by providing access to create art

Thank you for your interest in teaching for Seniors Creating Art (SCA). We are looking for dedicated professionals committed to serving our local seniors and establishing a relationship with our organization.

Attached is an Instructor Application. Please complete this form and return it as soon as possible along with your other application materials: resume, photos of work/link to a website with examples of work, three references (include email addresses) and a list of where your work has been exhibited.

Once your application has been reviewed you will be contacted on its status. Please review the information below on the path to becoming a SCA Instructor.

Information you should know:

• Instructors are Independent Contractors and are not employees of SCA. All pay received will be reported on a 1099 form at the end of each year.

• For each program the instructor teaches, he/she will receive money for art supplies approximately 2 weeks before class begins. Instructors are expected to store supplies once the classes are complete, use the supplies for the next program and keep the supplies if you no longer teach for SCA. Supply money will be added to 1099 form at the end of each year.

• Courses offered through SCA will be advertised by the Hosting Facility and on the SCA program phone line and website. Although publicity is provided by Hosting Facilities and through the website and other methods, instructors are encouraged to publicize their classes and recruit additional students independently to ensure their class success.

• In order to assure the quality of programs that SCA provides, SCA reserves the right to observe, evaluate and photograph classes.

• All instructors will be required to complete a background check to insure the safety of our participants.

If you have any further questions regarding teaching for Seniors Creating Art please contact us at info@seniorscreatingart.org.



Seniors Creating Art Instructor Application

		Instructor Information		
Date:				
Name:				
	First	Last		
	Street	City	State	Zip
Business Name (if a	applicable):			
Home Telephone:		_Email:		
Please list the type	s of mediums you teac <u>h:</u>			
		s) including experiences, lic		r degrees in tl
Please list your a	pproximate availability	- if you are available Mor	ning, Afternoons, Both	, or Neither
Monday:	Tuesday:	Wednesday:	Thursday:	
Friday: Notes -	Saturday:	Sunday:		
Please list approxi	imate miles you are willir	ng to from your HOME to V	VORK 5-10 10-20 20)-30 30+ mil
	tions attended:			
Educational institut	tions attended:	Degr	ree(s)/Certificate(s)	Year
Educational institu			ree(s)/Certificate(s) ree(s)/Certificate(s)	Year Year
Educational institu	Institution attended	Degr		
Educational institut I	Institution attended	Degr	ree(s)/Certificate(s)	Year
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email: info@seniorscreatingart.org