



**2017-18 UUSD Guest Artist Application**

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

**Please describe your qualifications to become a Guest Artist for Ukiah Unified School District.**

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**Please describe your experience working with elementary aged children (4-12 years old).**

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**Which grade levels are you interested in teaching?**

Kindergarten \_\_\_\_\_ 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_ 6 \_\_\_\_\_

**Please indicate if you prefer to work with a particular school and/or teacher:**

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**Please give a description of the art project(s)/lesson(s) you are interested in teaching.**

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**Professional References**

Name	Phone Number	Relationship and Years Known
1.		
2.		
3.		

**Are there specific dates and/or times which you are unavailable?**

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Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Principal: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Superintendent: \_\_\_\_\_ Date: \_\_\_\_\_  
(or Superintendent Designee)