

DEPARTMENT OF CULTURAL RESOURCES VISUAL ARTS INSTRUCTOR APPLICATION

Please attach a resume, two professional references, up to 5 portfolio images or a link to a portfolio of relevant work by you and/or your students.

Name _____ Preferred Pronouns _____ Date of Application _____
 Address _____ City _____ State _____ Zip _____
 Phone Number(s) _____ Email _____

Is this a new or an updated application? New Updated Have you taught for Cultural Resources in the past? Yes No

Can you teach in a language other than English? (If so, please specify) _____

Do you have experience teaching via zoom or some other virtual platform? Yes No If yes, how many classes? _____

Teaching experience (previous teaching experience is strongly preferred)

Employer _____ Dates of Employment (Mo/Yr) _____

Address _____ City _____ State _____ Zip _____

Position _____ Supervisor's Name _____ Supervisor's Phone _____

Please provide a brief job description _____

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Education/Degree (please circle) **BFA** **MFA** **BA** **MA** **Teacher-Certification**

Other _____

Art Media you are interested in teaching (please check all that apply)

- | | | | |
|---|--|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Drawing-Fundamentals | <input type="checkbox"/> Drawing – Live Figure/Portraits | <input type="checkbox"/> Ceramics | <input type="checkbox"/> Sculpture |
| <input type="checkbox"/> Painting – Oil/Acrylic | <input type="checkbox"/> Painting – Watercolor | <input type="checkbox"/> Fiber | <input type="checkbox"/> Paper Arts |
| <input type="checkbox"/> Pastels | <input type="checkbox"/> Assemblage | <input type="checkbox"/> Photography | <input type="checkbox"/> Printmaking |
| <input type="checkbox"/> Jewelry/Metals | <input type="checkbox"/> Stained/Fused Glass | <input type="checkbox"/> Mosaics | <input type="checkbox"/> 3D Printing |
| <input type="checkbox"/> Other _____ | | | |

Populations you are interested in teaching (please check all that apply)

Adults Teens Youth (5-12) Toddler/Parent-Child Seniors Special Needs

What days (Mon-Sat) and times are you available? _____

Are you willing to teach at off-site locations? Yes No Do you have your own transportation? Yes No

Please return the application AND required documents to **Jenna Ward, Senior Program Coordinator**

Email to

Jenna S. Ward

JWard01@savannahga.gov

912-651-6783 x 2845