



2018-19 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.

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

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:

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

Professional References

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

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

Signature of Applicant: _____ Date: _____

Signature of Principal: _____ Date: _____

Signature of Superintendent: _____ Date: _____
(or Superintendent Designee)