

RI State Council on the Arts  
Teen Arts Assembly General Information

**Purpose**

The Rhode Island Teen Arts Assembly is a group of 10-15 student leaders who collaborate with the Rhode Island State Council on the Arts to advise the Education Program on initiatives and youth involvement, to represent Arts Education and the creative sector at events throughout the State, and to develop creative skills, leadership experience, and opportunities for their peers to engage with the arts. The Assembly members work with RISCA staff and local partners to develop projects at the intersection of arts education, advocacy and community engagement.

**Eligibility\*:**

- Must be 13-18 years old
- Must be in grades 8-12 during the 2018-2019 school year
- Must be a RI resident
- Must attain full parental/guardian support to participate
- Must be attending a state-recognized school or homeschool
- Must be a member/ program participant/ enrollee in good standing of an existing youth art program (examples include, but are not limited to Project Open Door, MuSE, AS220 Youth etc...)

\*This Assembly is inclusive and representative of the diverse youth in the state of RI. Accessibility considerations, language accommodations and assistive technologies can be easily available

**Individual Responsibilities:**

Individual Commitment

- Must commit to attend all meetings during the complete 2018-2019 school year
- Must assist in year-round various special events TBD

Individual Capabilities

- Must be receptive to peer mentors
- Must be able to create, organize, and administer events and/or activities
- Must be willing to make public presentations to peers and local civic groups
- Must maintain affiliation with sending Youth Art Program for the duration of term on the Teen Arts Assembly
- Must be willing to promote RI Teen Arts Assembly
- Must be organized and keep parents/guardians informed of scheduled activities

2018/2019 Application for Appointment to Teen Advisory Board

Legal Name:

Chosen name (if different):

Address:

Cell Phone:

Email Address:

Birth Date:

Grade in 2018/2019 School Year:

I will attend the following school in the 2018/2019 school year:

Public: \_\_ Name of School:

Private/Charter: \_\_ Name of School:

Home School:

Parent/Guardian/Trusted Adult

Name(s):

Email Address:

Phone:

We require the contact information of all applicants but we require the following information for the purposes of helping our staff use the most respectful language when addressing you, understanding our population better, and fulfilling our grant reporting requirements. Please help us serve you better by selecting the best answers to these questions. Thank You.

Pronoun: \_\_He \_\_She \_\_They \_\_A pronoun not listed \_\_No pronoun preference

Spoken/Written Language: \_\_English \_\_Spanish \_\_ASL \_\_Other:

Language interpretation services needed? Yes No Language:

Gender: \_\_Male/Man

\_\_Female/Woman \_\_TransMale/TransMan \_\_TransFemale/TransWoman \_\_Gender nonconforming

\_\_Something else \_\_Decline to answer

Race/Ethnicity: (select all that apply)

\_\_American Indian/Alaska Native

\_\_Black/ African-American

\_\_White/ Caucasian

Asian:  Asian Indian  Chinese  Filipino  Japanese  Korean  Vietnamese  Other  
 Native Hawaiian/Pacific Islander  
 Hispanic/Latino:  Dominican  Cuban  Mexican/Chicano  Puerto Rican  Other  
 Decline to answer

Housing Status:  Stable housing  homeless  decline to answer

**Open Response:**

Please provide your responses on a separate sheet of paper.

1. Share with us what you are currently involved in, as a member of another teen arts organization. If you were chosen to be the representative of that organization, what elements of their programming would you highlight?
2. Describe an initiative that you would like to plan and implement that would benefit the teen arts community?
3. Please list any additional qualifications, skills or talents you would like us to know about you which would help you as a member of the Teen Advisory Board.

Please check each statement below to affirm:

- I currently reside in the Rhode Island.  
 I understand the time commitment (meeting preparation and attendance)  
 I am currently a member in good standing of the youth program at:

\_\_\_\_\_

I have included one letter of recommendation from an adult, non-family member with this application, who is staff at my program.

Your signature below confirms that your responses in this application are accurate and entirely your work. In addition, you understand and will follow the requirements of the Teen Arts Assembly if you are selected by the Council.

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

I legally able to give permission for the applicant, and I do give permission for \_\_\_\_\_ to apply and participate in the Teen Arts Assembly, if appointed by the RI State Council on the Arts.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_