



Arizona Commission on the Arts Teaching Artist Roster Signature Page

Type or Print all information in the spaces provided

For Staff Use:	Roster ID: _____	Track ID: _____	Track ID: _____
	Roster ID: _____	Track ID: _____	Track ID: _____
	Roster ID: _____	Track ID: _____	Track ID: _____

A. Contact Information: I am re-committing to the Teaching Artist Roster in the category(s) and discipline(s) indicated below. Check how you identified yourself on the Roster.

Company Name: _____
 Individual Artist or Contact Person: _____

B. Category(s) and Discipline(s) for which you are returning: Select all that apply.

Education Based Only	Community Based Only
<input type="checkbox"/> Dance <input type="checkbox"/> Folk Arts: Performing <input type="checkbox"/> Music <input type="checkbox"/> Storytelling <input type="checkbox"/> Theatre <input type="checkbox"/> Folk Arts: Visual <input type="checkbox"/> Literary Arts <input type="checkbox"/> Multi-disciplinary Arts <input type="checkbox"/> Visual Arts	<input type="checkbox"/> Dance <input type="checkbox"/> Folk Arts: Performing <input type="checkbox"/> Folk Arts: Visual <input type="checkbox"/> Literary Arts <input type="checkbox"/> Multi-disciplinary Arts <input type="checkbox"/> Music <input type="checkbox"/> Storytelling <input type="checkbox"/> Theatre <input type="checkbox"/> Visual Arts

C. Checklist: Required items needed to remain on the Teaching Artist Roster.

Education Based Only	Community Based Only
<input type="checkbox"/> Completed FULL update to Roster profile at http://roster.azarts.gov <input type="checkbox"/> Completed and mailed Signature Page <input type="checkbox"/> Completed Biannual Residency requirement <input type="checkbox"/> Completed and provided proof of Professional Development Action	<input type="checkbox"/> Completed FULL update to Roster profile at http://roster.azarts.gov <input type="checkbox"/> Completed and mailed Signature Page <input type="checkbox"/> Completed Biannual Residency requirement

D. The following information is required for federal reporting purposes. Information will be used only to determine trends in the field.

Legislative District: Based on your street address, enter one legislative district number for each of the government branches listed. To locate your legislative districts, [click here](#). You will need your +4 Zip Code to use this database, hosted by Arizona Citizens/Action for the Arts at www.azcitizensforthearts.org.

Arizona Legislative District _____ US Congressional District _____

Race/Ethnicity Codes:

Individuals should select any combination of the following that best represents their race/ethnicity: <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> No single group	Companies should select any combination of the following that best represents their company's race/ethnicity: <input type="checkbox"/> 50% or more Asian <input type="checkbox"/> 50% or more Black/African American <input type="checkbox"/> 50% or more Hispanic/Latino <input type="checkbox"/> 50% or more American Indian/Alaska Native <input type="checkbox"/> 50% or more Native Hawaiian/Pacific Islander <input type="checkbox"/> 50% or more White <input type="checkbox"/> No single group
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Disability:

Individuals and companies should answer the following question: Are you or is any member of your company a person with a disability?
 Yes No Prefer not to answer

E. Deadline for Submission: Must be postmarked or delivered to the ACA Offices no later than 5:00pm Thursday, September 2, 2010.

I certify that at the time I submit this annual update, I am at least 18 years of age and a resident of Arizona. I certify that all statements made in these forms are true to the best of my knowledge and in accordance with the eligibility criteria for this program. I understand that as a juried artist on the Teaching Artist Roster I am provided professional development and technical assistance, and if problems arise regarding my actions in Arts Commission programs, an assistance and review process is in place. By submitting this annual update, I verify that I have reviewed the Arts Commission's policies and am agreeing to abide by the Arts Commission's policies.

Artist's Signature _____

Date _____

Persons with a disability may request a reasonable accommodation, such as sign language interpreter by contacting the Arts Commission at 602-771-6501. Requests should be made as early as possible to allow time to arrange the accommodation.