



TRADITIONAL ARTS
APPRENTICESHIP PROGRAM
APPLICATION

SECTION 1: Cover Sheet

Mentor Artist Information:

Name _____

Address _____

City _____ State OR Zip _____ County _____

Day Phone (_____) _____ Evening Phone (_____) _____

E-Mail _____ Website _____

Date of Birth _____ Place of Birth _____

Are you a citizen of the United States? YES NO

If you answered NO; are you authorized to work in the U.S.?

YES (*You are eligible for TAAP*)

NO (*Sorry, you are not eligible for TAAP*)

Apprentice Information: (one form per apprentice, maximum 4 apprentices)

Name _____

Address _____

City _____ State OR Zip _____ County _____

Day Phone (_____) _____ Evening Phone (_____) _____

E-Mail _____ Website _____

Date of Birth _____ Place of Birth _____

Project Information:

Project Title _____ Tradition _____

Brief Description: _____

Agreement: I hereby certify that the Mentor and Apprentice are legal residents of Oregon and the application information is true and complete to the best of my knowledge. I agree to allow OFN to duplicate any materials submitted with the application for purposes of the selection process. I am willing to participate in the plans as outlined in this application. The award recipient will be responsible for any taxes due on received funds.

Signatures:

Mentor _____ Date _____

Apprentice _____ Date _____

Parent/Legal Guardian _____ Date _____

(if apprentice is under 18 years old)

THE OREGON FOLKLIFE NETWORK IS DEDICATED TO PROVIDING EQUAL ACCESS TO THE TAAP APPLICATION PROCESS. FOR HELP WITH YOUR APPLICATION OR LANGUAGE TRANSLATION PLEASE CONTACT US!

SECTION 2: Mentor Artist (Mentor to complete)**1. Describe the cultural tradition you will teach. (1-2 pages)**

When and where is it typically practiced or performed? Why is this cultural tradition important to your community? Is it a part of everyday life or is it reserved for ceremonies, rituals, or special occasions?

2. Tell us about yourself and your experience with this tradition. (1-2 pages)

How is this tradition part of your culture? When, where, and from whom did you learn this tradition? How is this tradition meaningful to you?

3. Describe ways you have taught or shared this tradition or other traditional arts in your cultural community. (½ -1 page)

Have you taught people who are still practicing the tradition? If so, who and how? If you have lead workshops or classes, include dates, location, number of attendees, etc. If you already teach your tradition professionally, please explain why funding is necessary for your proposed project. What challenges keep you/your apprentice from teaching/learning this tradition?

4. Please list any awards, honors, or other forms of recognition that you have received for practicing your tradition (include dates and place when applicable).**5. Why did you choose your apprentice/s? (½ -1 page)**

How do you know your apprentice/s and why did you choose him/her/them? What do they already know about the tradition and what do they still need to learn? How will you help them learn the needed skills? Will your apprentice continue this tradition? *** If your apprentice is a family member, please explain why funding is necessary to carry on your tradition. What challenges prevent your family from passing on the tradition in the course of everyday life?

6. Do you foresee any obstacles in teaching your tradition in this apprenticeship's time frame? (½ -1 page)

For example, are there certain parts of the tradition that can only be done during certain parts of the year? Can you work around those obstacles?

7. Letters of Support: (Two letters *minimum*)

8. Mentor Work Examples: (Three work examples required)

Work Example 1: _____

Format: _____

Start/Stop times for audio/video (if applicable): _____

Description: _____

Relevance to this apprenticeship: _____

Work Example 2: _____

Format: _____

Start/Stop times for audio/video: _____

Description: _____

Relevance to this apprenticeship: _____

Work Example 3: _____

Format: _____

Start/Stop times for audio/video: _____

Description: _____

Relevance to this apprenticeship: _____

SECTION 3: Apprentice (*Apprentice to complete*)

1. Tell us about yourself. (up to ½ page)

What is your cultural background? What are some important things we should know about you as an emerging traditional artist?

2. What experience do you have with the cultural tradition you will study? (up to ½ page)

When, where, and from whom did you first learn this tradition? If you are a beginner, describe any experience in another related cultural tradition.

3. How will you continue this tradition after this apprenticeship? (up to ½ page)

4. Why did you choose this mentor? What are you hoping to learn from them? (up to ½ page)

5. What awards, honors, or recognition have you received for practicing your tradition? What artistic workshops, performances, or services have you taken/given to your community or the public?

6. Letters of Support: (One letter *minimum*)

7. Apprentice Work Examples: (Two work examples required)

Work Example 1: _____

Format: _____

Start/Stop times for audio/video (if applicable): _____

Description: _____

Relevance to this apprenticeship: _____

Work Example 2: _____

Format: _____

Start/Stop times for audio/video (if applicable): _____

Description: _____

Relevance to this apprenticeship: _____

SECTION 4: Mentor & Apprentice Project Plan (*Mentor and Apprentice to complete together*)

1. What cultural communities do the apprentice and master artist share? (1-3 sentences)
Are you from the same Tribe, occupation, ethnic group, etc...? Which community/communities?

2. What skills will the apprentice learn and how will the mentor teach them? (1-2 pages)

3. What will be your schedule for the lessons? (1-2 pages)
How many meetings will you have, how long will they be, how many times do you plan to meet? If necessary, attach a detailed work plan.

4. Is travel necessary for this apprenticeship? Please explain who will travel, where, why, and how far. (up to ½ page)

5. What will the apprentice(s) work on between meetings? (up to ½ page)

6. What are your goals for the apprenticeship? (1-3 sentences)

7. Describe your proposed public presentation. (up to ½ page)
What location, potential dates, and plan for promotion do you have? What will take place at the public presentation? Will you invite your legislators to the event?

8. Optional additional support materials:

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

SECTION 5: Consent to OFN for “Fair Use” of Application Materials

Signing below allows the Oregon Folklife Network and its operational partners to use work examples you submit with this application in promotional and educational materials under the “fair use” clause of U.S. Copyright Law (title 17, U.S. Code).

If you **DO NOT** wish to have your work examples used in promotional and educational materials produced by the Oregon Folklife Network, please check the box below and **DO NOT sign** this page. *Your permission does not affect your application.*

Mentor _____ Date _____

Apprentice _____ Date _____

Parent/Legal Guardian _____ Date _____
(if apprentice is under 18 years old)

I DO NOT give permission for my work examples to be used in any online or printed promotional or educational materials produced by the Oregon Folklife Network or its designated associates.

SECTION 6: Insurance and Liability Waiver

If awarded, mentor artists will enter into a contract with University of Oregon. UO contractors are required to carry insurance. Contractors will indemnify and defend the UO even without insurance.

Mentor Artist/Contractor Signature: _____ Date: _____

If awarded, apprenticing artists assume all risk in participating in the proposed activities.

Apprentices must sign/submit the following 2-page form:



Assumption of Risk / Release & Indemnification of All Claims / Covenant Not to Sue

PLEASE PRINT

Activity Information	
Group:	Date(s):
Activity:	
Activity Description:	
Activity Leader (name, title and phone number):	
Department:	

Participant Information	
Name:	Date:
Email address:	Phone number:
Emergency Contact (name and phone number):	

In consideration of being permitted to participate in any way in the above-described activity (hereinafter called the "Activity"), I, for myself, my heirs, personal representatives and assigns, do hereby release, waive, discharge, and covenant not to sue the State of Oregon, the Board of Trustees of the University of Oregon, and the University of Oregon (collectively, hereafter called the "University"), their officers, employees, and agents from liability from any and all claims including the negligence of the University, its officers, employees and agents, resulting in personal injury, accidents or illnesses (including death), property loss, and damages arising from, but not limited to, participation in the Activity.

Name of Participant (please print legibly): _____

Signature of Participant: _____ Date: _____

Assumption of Risks: Participation in the Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from (1) minor injuries such as scratches, bruises, and sprains (2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions to (3) insect bites, parasites, and other diseases, to (4) catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in the Activity. I hereby assert that my participation in the Activity is voluntary and that I knowingly assume all such risks.

Indemnification and Hold Harmless: I also agree to INDEMNIFY, DEFEND, AND HOLD the University and its officers, employees, and agents HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in the Activity and to reimburse them for any such expenses incurred.

Medical Treatment Authorization: I understand that an emergency may develop which necessitates the administration of medical care. In the event of injury or illness, I authorize the University to secure appropriate treatment including the administration of an anesthetic and surgery. I understand that such treatment shall be solely at my expense. Notwithstanding this paragraph, I understand and agree that the University has no obligation to provide or seek out any medical treatment for me.

*Revised November 2018
UO Risk Management*



Assumption of Risk / Release & Indemnification of All Claims / Covenant Not to Sue

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of Oregon and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgment of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

PLEASE READ THE ENTIRE AGREEMENT BEFORE SIGNING.

Name of Participant (please print legibly): _____

Signature of Participant: _____ Date: _____

IF THE PARTICIPANT IS UNDER 18 YEARS OF AGE, A PARENT OR LEGAL GUARDIAN MUST AGREE TO AND SIGN BELOW.

NAME OF PARENT OR LEGAL GUARDIAN (please print legibly): _____

PARENT OR LEGAL GUARDIAN SIGNATURE: _____ DATE: _____

*Revised November 2018
UO Risk Management*

Application Checklist

Please submit this checklist with your application.

- 1. Application Checklist
- 2. Cover Sheet: Section 1
- 3. Mentor Narrative: Section 2, questions 1-6
- 4. Apprentice Narrative: Section 3, questions 1-5
- 5. Project Plan: Section 4, questions 1-7
- 6. Consent for Use release form: Section 5, signed or checked
- 7. Liability Waiver: Section 6
- 8. Letters of Support/Work Examples for Mentor:
 - Mentor’s Letters of Support: number of letters _____
 - Mentor’s Work Examples: number of examples _____
- 9. Letter(s) of Support/Work Examples for Apprentice
 - Apprentice’s Letters of Support: number of letters _____
 - Apprentice’s Work Examples: number of examples _____
- 10. Optional Additional Support Materials for both Mentor and Apprentice:
 - Number of Optional Support Materials _____
- 11. Self-addressed, stamped envelope (*only if requesting return of support materials*)

PLEASE KEEP A COPY OF THIS APPLICATION FOR YOUR RECORDS.