



# FOR VETERANS

## APPLICANT INFORMATION

Name:		
Date of birth:	Primary Phone:	Cell Phone:
Address:		
Email:		
City:	State:	ZIP Code:
DD214 / Current Military ID <i>(please include a copy)</i>		
Diagnosis and Special Needs (Dietary, Allergies, Behavioral, Physical / Mental, Personal Care etc.):		

## EMERGENCY CONTACT

Name:		Relationship:
Address:		Phone:
City:	State:	ZIP Code:

## BILLING INFORMATION

Name:		Relationship:
Email:		Phone:
Address:		
Billing Instructions:    Mail invoice <input type="checkbox"/> Email invoice <input type="checkbox"/>		

## SIGNATURES

*I have read and understand the policies as it relates to participation at Artists First.*

Signature of applicant:	Date:
Signature of Advocate <i>(if applicable)</i> :	Date:

[Type here]



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## RELEASE FORM FOR IMAGES

I, the undersigned, do hereby grant or deny permission to Artists First to use my image and or artwork as marked by my selection(s) below. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of myself or my artwork for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the Artists First website.

- Deny permission to use my image at all.
- Grant permission to use my image in the following ways (mark all that apply):
  - Limited usage: I want my image and or artwork used within the Artists First setting only including in-house exhibits (not in the larger community).
  - Limited usage: I want my image and artwork used for educational materials only (not marketing). This could be either within Artists First or in the larger community. One example of this could be videos in informational sessions with other social service agencies.
  - Limited usage: I want my image used on printed materials only (no digital or video use).
  - Unrestricted usage: I give unrestricted permission for my image and artwork to be used in print, video, and digital media. I agree that these images may be used by Artists First for a variety of purposes and that these images may be used without further notifying me. I do understand that the child's last name will not be used in conjunction with any video or digital images.

Participant signature \_\_\_\_\_ Date \_\_\_\_\_

Advocate signature (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

*Please make a copy of this form for your own records:*

[Type here]



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## PROGRAM PARTICIPANT POLICIES

**Payment Policy:** Artists First charges a subsidized rate of \$5 per hour; this fee enables us to provide quality art supplies and professional instruction. An invoice will be generated monthly which must be paid in full within 2 weeks. Artists who do not pay their bill in a timely manner may risk temporary suspension from Artists First until the bill has been settled. Artist commissions, if any, will be applied to past due balances and or reduced rates.

**No Violence, Threatening or Disrespectful Behavior** Any person who commits a violent, harassing and/or threatening act, as determined by Artist First staff, toward fellow artists, support staff, studio staff, volunteers and/or property will be asked to leave the studio immediately, and may risk permanent expulsion. No weapons of any kind (including but not limited to pepper spray) are permitted on the premises.

**No Drugs** Any person suspected by Artists First staff to be intoxicated on drugs or alcohol during any Artists First function, including but not limited to in-house art exhibitions, "art-social" events, the open studio, evening sessions, and any other function sponsored by Artists First may be asked to leave the studio immediately. Upon review of the incident, Artists First staff will make a determination regarding the individual's conditional return.

**Artwork:** Every artist has the choice of taking their artwork home or submitted for consideration for Artists First exhibitions. All artwork made at Artists First cannot be sold or exhibited by another entity without express approval of the Executive Director of Artists First.

### **In-Studio Responsibilities:**

Anyone who requires a 1:1 direct support staff during daily activities will also need to provide this staff at Artists First. Any 1:1 staff may not leave the studio for any amount of time, or for any reason.

Any behavioral, physical or dietary concerns or restrictions or food-related behaviors should be fully explained to Artists First staff at the time of first visit. If these concerns are acute enough, Artists First may require the individual to provide 1:1 support staff to ensure their safety.

Each artist (and their support staff) is required to clean their own space and materials when they are done. Artists must ensure the space is clean and the materials are ready for the next person.

Every artist is entitled to their personal space, which includes their artwork and the materials they are using at the time. Touching another person's body, artwork or materials is not allowed without permission of the artist.

I \_\_\_\_\_ **have read and understand the artist policies.**

**Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Advocate Signature (if applicable):** \_\_\_\_\_ **Date:** \_\_\_\_\_

[Type here]