

**Healthy Notions Kids
Creative Art Program**

**2011 Artist Volunteers Application Form:2
Contact Information**

Name:

first

initial

last

Address:

number

street

Apt No., Unit No., P.O Box

City/Town

Postal Code:

Email: _____

DOB: _____ **Age:** _____

Home #: _____ **Cell #:** _____

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Let us know of any special events, organizations or volunteer work that you have participated in the past.

We want as much coverage for this event as possible. If there is anything you have to contribute in regards to promoting the Gallery Openings please let us know. (Awards, News, Media, Past Events)

URL/Website _____

Link to Your Bio: _____

Link to Examples of Work: _____