Individual Teacher Externship Request Form

**Program Description:** As part of the Frist Center’s Experiential Learning Program, teachers who have completed a Team Externship and have a standing relationship with the Frist Center may request an individual three-day externship in museum education. Requests for externships with other museum professionals will be considered. At this time, teacher externships are available only to educators at our partnering schools—Antioch High School, Big Picture High School, Hillwood High School, Hume-Fogg Academic High School, and Nashville School of the Arts—and are based on the availability of education staff. Externship experiences are offered during regular business hours (Monday through Friday, 9:00 a.m. to 5:30 p.m.) and must be requested at least one month in advance.

**TO BE ELIGIBLE TO PARTICIPATE, ALL EDUCATORS MUST . . .**

- currently be teaching in one of our partnering schools
- submit a *complete* application one month prior to the date requested (incomplete or illegible packets will not be considered)
- commit to being involved, engaged, and positive during the externship experience

**ANSWERS TO FREQUENTLY ASKED QUESTIONS:**

- Selected participants will be notified via e-mail within two weeks of receipt of application packet.
- Dress is business casual (appropriate for school). Wear shoes fit for walking.
- Participants may bring a lunch or purchase lunch in the Frist Center Café.
- The Frist Center is a drug-free, smoke-free environment.
- We ask that participants put mobile devices away during their time at the Frist Center.

**ADDITIONAL QUESTIONS?**

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Career Exploration: Externship for Teachers

TEACHER PROFILE

Name: ____________________________________________
Address: ________________________________________ E-mail: ________________________________
Cell Phone: ____________________________ Grades Taught: __________________
School: ___________________________________________
Academy (if applicable): ___________________________________________
Years in Education: ______ Degrees and Certifications: ____________________________

Please list three dates you are available for your externship: ________________________________

Please indicate the primary area in which you would like to have your externship experience:
- [ ] Arts Administration
- [ ] Community Engagement & Outreach
- [ ] Interpretation
- [ ] Youth & Family Programs

What is your second choice? ______________________________________________________

What is the goal of your externship experience? ______________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

What do you want to see, learn, or do during your experience at the Frist Center for the Visual Arts?
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

What interests, goals, or questions might you have that could tell us about you, and help us better shape your experience? ____________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Signature: ________________________________
Career Exploration: Externship for Teachers
REGISTRATION AND CONSENT

EMERGENCY CONTACT INFORMATION:
In the event of an emergency, please provide the information of the primary person we should contact.

Name: __________________________________________________________
Relationship: ____________________________________________________
Home Phone: __________________________ Work Phone: ___________________
Cell: __________________________
Address: _________________________________________________________
City: __________________________ State: __________ Zip: __________

Is this person authorized by you to give permission for treatment? ☐ Yes ☐ No

If neither the person named above nor your physician is available in case of an emergency, the staff will exercise their judgment regarding medical treatment.

MEDICAL INFORMATION:
Physician: _________________________________________________________
Phone: __________________________
Insurance Carrier: __________________________________________________
Group Number: __________________________
Full Name of Policy Holder: ___________________________________________
Relationship: __________________________

Do you have allergies or any other physical or psychological considerations? ☐ Yes ☐ No
If so, please list and specify: ___________________________________________

____________________________________________________________________

AUTHORIZATION

I (the “Releasing Party”) understand that the Frist Center for the Visual Arts or any of its personnel shall not be liable for any personal injuries or property damage sustained even if caused, in whole or in part, by the action, inaction or negligence of the Frist Center for the Visual Arts and/or due to the condition of the premises on which the activity will take place, whether such negligence, fault, and/or condition of the premises is present at the signing of this agreement or takes place in the future. I release the Frist Center for the Visual Arts, its representatives, trustees, agents, vendors and employees (the “Released Parties”) from any and all claims, demands, damages or rights of action that I may hereafter have, arising out of, or related to, my participation, whether in tort, contract or otherwise. I agree to indemnify and hold harmless the Released Parties from and against any and all liabilities, claims, demands or actions arising out of, or related to participation in any and all activities that may be conducted with respect thereto, whether in tort, contract or otherwise. The Releasing Party will not sue or make a claim against the Released Parties for loss or damage suffered by me in connection with the Frist Center for the Visual Arts. If I violate this Agreement by filing such a suit or making such a claim, the Releasing Party will pay all reasonable attorneys’ fees and costs incurred by the Released Parties in defending such a suit or claim. I also give permission for photographs of me to be used in the Frist Center’s publicity materials. I approve this application and all the information contained therein above.

Signature of Releasing Party: ________________________________________ Date: __________________________