Teacher Team Externship Request Form

Program Description: As part of the Frist Center’s Experiential Learning Program, this two- to three-day experience can be geared toward introducing teachers to the many careers within a museum, nontraditional teaching, nonprofit business practices, or arts integration. Special opportunities can be provided to the educator based on the interests indicated on this request form. At this time, teacher team externships are available only to educators at our partnering schools—Antioch High School, Big Picture High School, Hillwood High School, Hume-Fogg 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 earliest date requested (incomplete or illegible application 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 Educators

TEAM PROFILE

Name of Lead Teacher: ____________________________________________________________

Address: ______________________________________________________________________

Cell Phone: ___________________ E-mail: __________________________________________

School: ________________________ Title/Grades Taught: ____________________________

Academy, if applicable: __________________________________________________________

Years in Education: __________________ Degrees and Certifications: __________________

Please list three dates your team would be available for an externship: __________________

Please indicate the primary area in which you would like to have your externship experience:

☐ Museum Careers                  ☐ Nonprofit Business Practices
☐ Nontraditional Teaching/Informal Learning    ☐ Arts Integration

What is your second choice?

________________________________________

What is the goal of your team’s externship experience?

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

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

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________________________________________________________________________________

Signature: ____________________________________________________________
Career Exploration: Externship for Educators
TEACHER REGISTRATION AND CONSENT

Name: ____________________________
Address: _____________________________________________________________
Cell Phone: __________________ E-mail: _________________________________
School: ___________________________ Title/Grades Taught: __________________
Academy, if applicable: __________________________________________________
Years in Education: __________________ Degrees and Certifications: ______________

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 any 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: _______________