

New Hampshire State Council on the Arts  
**Arts in Health Care Artist Directory**  
**Application Form**



**APPLICANT INFORMATION** *Please Type, Form can be downloaded*

Name of Artist/Ensemble:

Address:

City

State:

Zip:

Telephone: (work)

(home)

(cell)

E-mail:

Web site:

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**Profile**

Enter NISP Codes: (found on the web: <http://www.nh.gov/nharts/grants/nisp.htm>)

**Arts Discipline or Primary Area of Applicant's Work** (enter one code only): \_\_\_\_\_

**Race/Ethnicity of Group/Individual (Applicant Race):** \_\_\_\_\_

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**EXPERIENCE**

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1. Briefly describe the types of programs (multi-day residencies, workshops, classes) you offer in health care facilities (i.e., hospitals, nursing homes, rehabilitation centers, senior centers).

2. In what year did you/your ensemble start working professionally?

3. Are you on, or have you been on, any of the State Arts Council's artist rosters?

- Yes (circle which one/s: Arts in Ed., Touring, Community Arts, Traditional Arts) Year\_\_\_\_\_
- No

4. Have you ever received an Artist Fellowship or Governor's Arts Award from the State Arts Council?

- Yes (Artistic Discipline: Visual, crafts, music, theatre, dance, literary, media)

5. Describe your work, particularly with any participatory components, plus staff training programs.

6. Briefly list the types of venues in which you have done your work (e.g. hospitals, senior centers, rehabilitation centers, nursing homes, hospice etc.)

7. List any training related to working in health care facilities and/or with people who are elderly (i.e., hospice, certified music therapy programs, Very Special Arts, Regional Arts and Healing Initiative's artist training etc.)

8. **References:** Please attach a list of three organizations, preferably health care related, in which you have worked over the past three years, noting: engagement date, contact person and their telephone number/e-mail. *Note: Applicants should list engagements that involved participatory arts programs.*

9. **Background Check Policy:** (fill out form referenced in attachment #6)  
A listing in our Arts in Health Care Artist Directory on the New Hampshire is earned through a review process that evaluates past related experience, artistic quality, and the artist's ability to communicate with the public. The State Arts Council does not conduct criminal background checks on the artists listed in this directory. However, if the State Arts Council receives evidence that an artist has been convicted of a crime (felony or misdemeanor) in New Hampshire or in another state, the State Arts Council reserves the right to withdraw the privilege of being listed in our Arts in Health Care Artist Directory from that artist. The State Arts Council also reserves the right to delete a directory listing if that artist is under formal investigation for or is charged with a crime (felony or misdemeanor). Removal or suspension is not automatic; each case is reviewed individually.

In lieu of a background check (required by schools), applicant artists must complete a disclosure form—see attachment # 6 below---and submit it with this application as an attachment. This attachment will not be shared with evaluators, but may be referred to the State Arts Councilors or Office of Attorney General at the discretion of the NHSCA Director.

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## **ATTACHMENTS AND WORK SAMPLES**

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1. Attach a copy of your most recent resume.
2. If an ensemble: list names, addresses, phone numbers/e-mails and instrument or role of all members in the ensemble.
3. Include a copy of your promotional materials (i.e. brochure).
4. **Work samples for performing, media and literary artists (if not a roster member or recipient of artist fellowship):** Include one copy of a CD or DVD. **Literary artists** must include two copies of manuscripts as per *Preparation of Work Samples* (<http://www.nh.gov/nharts/grants/grantsworksamples.htm> ) sheet. **Visual artists:** attach disk and identification sheet as described on *Preparation of Work Samples* sheet.
5. List three references as described in #8 above.
6. **Disclosure Form:** Please complete and sign this required form in lieu of a background check. The information you provide will be kept confidential. (one copy only)  
<http://www.nh.gov/nharts/grants/docs/DisclosureAttachmentRev.doc>
7. Proof of NH residency (i.e. photocopy of driver's license)

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**CHECKLIST**

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- All sections of the application form are completed and application is signed;
- Attachments/work samples (if required) (as noted above in #1-7);
- Original copy plus one photocopy to send to the Council, plus one copy for your file;
- Stamped, self-addressed envelope is included if you would like your support materials returned.

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**CERTIFICATION**

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I hereby certify that the foregoing statements are true and complete to the best of my knowledge, and that I, or at least one member of the applicant ensemble, is a legal resident of New Hampshire.

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Signature

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Date

**Return application form and attachments to:**

Judy Rigmont, Creative Communities Coordinator  
New Hampshire State Council on the Arts  
2 1/2 Beacon Street – Suite 225  
Concord, NH 03301

**Telephone: 603/271-0794; TDD: 1-800/735-2964**

**e-mail: [Judy.L.Rigmont@dcr.nh.gov](mailto:Judy.L.Rigmont@dcr.nh.gov)**