



## APPLICATION FOR TEACHING

In an effort to offer a wide variety of classes of high quality to the public and to present publicized class schedules in a timely manner, the Eugene Glass School would like all artists interested in teaching to submit this application along with the following items to the address below.

**You may send this information on disk or by email to [info@eugeneglassschool.org](mailto:info@eugeneglassschool.org). Please include:**

- ❖ All class descriptions, preferably as a MSWord or regular text document. Include the title, length and description of the class(es) you wish to teach.
- ❖ Your biography relating to your experience with glass, also on disk, preferably as a MSWord or regular text document.
- ❖ At least one (2) of your best, reproducible pictures of work relating to class content described in your class description (digital is preferred). Multiple photos are welcome.  
*Please do not give us your only copy, Eugene Glass School reserves the rights to all pictures submitted.*

Name \_\_\_\_\_ Phone \_\_\_\_\_

Business Name \_\_\_\_\_ Bus. Phone \_\_\_\_\_

Address \_\_\_\_\_ Fax \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ E-mail \_\_\_\_\_

1. What is your specialty? (glassblowing from a furnace, lampworking, fusing, casting, or other, describe.)

\_\_\_\_\_

2. How many years have you been working with glass? \_\_\_\_\_

3. Have you taught before?    yes             no

If yes, please give references of your most recent teaching experience (most recent first):

*Location:*

*Dates:*

*Contact Info:*

\_\_\_\_\_  
*What did you teach?*

\_\_\_\_\_  
*Location:*

\_\_\_\_\_  
*Dates:*

\_\_\_\_\_  
*Contact Info:*

\_\_\_\_\_  
*What did you teach?*

*Continued on the reverse*

*Your Experience Continued...*

*Location:*

*Dates:*

*Contact Info:*

\_\_\_\_\_  
*What did you teach?*

\_\_\_\_\_  
*Location:*

\_\_\_\_\_  
*Dates:*

\_\_\_\_\_  
*Contact Info:*

\_\_\_\_\_  
*What did you teach?*

4. Do you have a preference for teaching dates?

*If yes:*

1<sup>st</sup> choice: month \_\_\_\_\_ dates \_\_\_\_\_

2<sup>nd</sup> choice: month \_\_\_\_\_ dates \_\_\_\_\_

*If no, do you have a preference for:* weekdays  weeknights  weekends

*No preference*

**Please send, fax, or e-mail all required items by the deadline to:**

**EUGENE GLASS SCHOOL**

**Attn: Scheduling**

**575 Wilson Street, Eugene, OR 97402**

**Phone: (541) 342-2959 • Fax: (541) 342-2924 • Email: [samantha@eugeneglassschool.org](mailto:samantha@eugeneglassschool.org)**

**For questions or comments, please contact us!**