www.artsandcultureeugene.org

OSLP ARTS & CULTURE PROGRAM

Mentor & Mentee

Program Forms

OSLP ARTS & CULTURE PROGRAM

Information and Forms

This packet provides information and forms for participants of the OSLP Arts & Culture Mentorship Program. It is important for us to create a solid structure and evaluation plan so we can ensure that both mentors and mentees are getting the best possible experience out of our program.

This packet includes:

- **Mentorship Program Information:** This sheet will give you the basic goals and expectations of being a mentor in our program.

- **Mentorship Applications:** Provide information about interest for both mentor and mentee.

- **Initial Meeting Checklist:** A checklist for our discussion at our initial meeting.

- **Schedules:** A calendar of important dates to remember for both the mentor and mentee.

- **Mentorship Exhibition:** Information and expectations regarding your end of the mentorship exhibition.

- **Exit Evaluation:** Evaluation forms for both mentors and mentees.

- **Media Release Form:** Grant rights to OSLP for use of artwork and images.

- **Background Check:** Information Sheet to gather information for a background check.

- **Artist Consent Form:** Permission for use of images of your artwork in exhibitions and marketing.

OSLP ARTS & CULTURE PROGRAM

Mentorship Program Information

The OSLP Arts & Culture Program breaks down barriers to participation in the arts for people of all abilities and builds bridges to a more diverse and inclusive community.

Mentoring artists at the OSLP Arts & Culture Program is a volunteer position. Each mentor is asked to contribute at least one hour a week for an 11 week period.

Mentors will also be asked to attend several scheduled meetings and complete an evaluation questionnaire at the end of the mentorship. Artist mentors receive a $200 honorarium in appreciation for their participation. This will be made in two payments: First after the week 1 check-in and again at the mentorship completion.

Mentors must complete a background check through OSLP.

We Provide:

Tools and supplies for mentees will be provided by the OSLP Arts & Culture Program and will remain the property of the OSLP Arts & Culture Program.

All mentees that need extra support will bring their own support staff.

Mentors will be asked if they are interested in facilitating a workshop at the Arts & Culture Program.

Expectations:

- Guide a mentee in the arts once a week for one hour each session for an 11 week period.

- Document mentee's artwork and process through photo documentation to be shared with the OSLP Arts & Culture Program.

- Introduce a variety of new media, techniques, and resources.

- Be listed in mentorship promotional materials and marketing for the OSLP Arts & Culture Program. This includes your name and images of you working as a mentor and your artwork. Credit will always be given.

- Meet in your personal artist studio (if you have one) for at least half the time.

- Exhibit personal artwork along with your mentee in an upcoming exhibition facilitated by the Arts & Culture Program. Dates and venue will be determined.

- Complete a mentorship evaluation form at the end of the program.

For more information about the OSLP Arts & Culture Program visit our website at **www.artsandcultureeugene.org** or contact Mija Andrade at **541-636-3119.**

OSLP ARTS & CULTURE PROGRAM

Mentor Application

Your Name _____ Phone # _____

Professional Occupation _____

Address _____

City _____ State _____ Zip Code _____

Email _____ College (if applicable) _____

Address of art studio _____

Do you have experience working with people with developmental disabilities? _____

If not, what aspects most concern you? _____

_____

What is your interest in participating in this program? _____

_____

Reference (non-family) _____

Phone _____ Email _____

What media do you work in? (please check all that apply)

painting ___ drawing ___ comics ___ sculpture ___ printmaking ___ graphic design ___
fashion design ___ photography ___ video ___ mixed media ___ fabrics ___
book arts ____ music ___ writing ____ mosaic ___ other _____

_____

What medium would you like to focus on as a mentor? _____

_____

Please give us an idea of when it is most convenient to host a mentee. Day/1-hour period.

Mon: _____ Tues: _____ Wed: _____ Thurs: _____ Fri: _____ Sat: _____

In addition to this completed form, all applicants must submit five digital images of personal artwork by email to Mija Andrade at mandrade@oslp.org

OSLP ARTS & CULTURE PROGRAM

Mentee Application

Your Name _____ Phone # _____

Address _____

City _____ State _____ Zip Code _____

Email _____ Agency _____

Do you have a support staff? _____

If yes, what is your support staff's name? _____

Support staff phone # _____ Email _____

In what mediums do you must have an interest? _____

_____

What mediums have you already worked in? _____

_____

What skills would you like to learn? _____

_____

Please give us an idea of when it is most convenient to meet with your mentor.
Day/1-hour period.

Mon: _____ Tues: _____ Wed: _____ Thurs: _____ Fri: _____ Sat: _____

Do you have transportation to get to your mentors studio? Yes _____ No _____

STAFF NOTES:

About artwork: _____

_____

Other notes: _____

_____

OSLP ARTS & CULTURE PROGRAM

Initial Meeting Checklist

Initial meeting date: _____ **Time:** _____

Location: 309 W. 4th Ave, Eugene, OR

The initial meeting will involve the mentor, the mentee, the OSLP Arts & Culture Program Coordinator and the Open Studio Resident Artist.

This meeting is designed for all parties to get to know one another, to solidify dates and times, and for questions to be answered.

- ☐ Mentees goals and interests
- ☐ Mentors experience and skills
- ☐ Sharing of artwork examples
- ☐ Studio location and transportation
- ☐ Schedule meeting dates and studio dates
- ☐ Contact information
- ☐ Documentation of process
- ☐ Media release forms
- ☐ Exhibition
- ☐ Evaluation
- ☐ Question and Answer

OSLP ARTS & CULTURE PROGRAM

Mentor & Mentee Schedule

Please keep a copy of this for your own records and calendar.

This schedule is agreed upon by both the mentor and mentee. It is important that each party adhere to this schedule for the best outcomes of this partnership.

If something comes up, (for example, you are sick, out-of-town, or busy with another obligation), be sure to contact your partner immediately. If mentor cancels please reschedule a session. If mentee cancels, session does not need to be rescheduled.

Contact Information

Mentor

Phone:

_____

Email:

_____

Mentee

Phone:

_____

Email:

_____

Arts & Culture Program
541-636-3119

Meeting/Studio Location

Studio Name: _____

Address: _____

Schedule

Initial Meeting:
Location : OSLP Arts & Culture Program, 309 W. 4th Ave, Eugene, OR

Date: _____ Time: _____

Mid-point Check-in:
Location : OSLP Arts & Culture Program, 309 W. 4th Ave, Eugene, OR

Date: _____ Time: _____

Session 1 - Date: _____ Time: _____

Session 2 - Date: _____ Time: _____

Session 3 - Date: _____ Time: _____

Session 4 - Date: _____ Time: _____

Session 5 - Date: _____ Time: _____

Session 6 - Date: _____ Time: _____

Session 7 - Date: _____ Time: _____

Session 8 - Date: _____ Time: _____

Session 9 - Date: _____ Time: _____

Session 10 - Date: _____ Time: _____

Session 11 - Date: _____ Time: _____

Exhibition - Date: _____ Time: _____

Mentee Signature _____

Mentor Signature _____

OSLP ARTS & CULTURE PROGRAM

Mentorship Exhibition

To highlight the accomplishments achieved during your 11 week mentorship the OSLP Arts & Culture Program will organize an exhibition featuring artwork by both mentor and mentee.

We ask that together mentor and mentee select artwork, assign titles, agree upon pricing, develop an exhibition statement, prepare artwork, and help with show installation and take-down.

Exhibition date and venue will be determined.

Exhibition venue: _____

Exhibition duration: _____

Installation date: _____

Exhibition opening reception:

Date: _____ Time: _____

Exhibition take-down:

Date: _____ Time: _____

Please provide the OSLP Arts & Culture Program with your exhibition statement, titles, and pricing by: _____

Email: **artsandculture@oslp.org**

Mentee Signature: _____

Mentor Signature: _____

OSLP ARTS & CULTURE PROGRAM

Program Coordinators
Confidential Exit Evaluation

1. Did the mentorship run as you expected? Why or why not?

2. Was it was a good match?

3. How was communication with the mentor and mentee?

4. What challenges arose during the mentorship process?

5. What positive outcomes did you notice from the mentorship?

6. Is there anything that came up during this mentorship that we want to take into consideration for future mentorships?

OSLP ARTS & CULTURE PROGRAM

Mentor
Confidential Exit Evaluation

We would like to have feedback about your experience of the mentorship program in order to help us evaluate and strengthen our program for the future. Please complete the questions below and return the survey to the program coordinator. (Please circle your response where necessary)

1. Do you feel you had adequate information prior to starting the mentorship?

yes no explain _____

2. Was the program coordinator accessible and communicate in a timely manner?

always somewhat not much never

3. How would you describe your relationship with your mentee?

excellent good fair poor

4. Do you think that the time you spent with your mentee was sufficient?

yes somewhat not really no

explain _____

5. Do you think that the time you spent together was helpful for your mentee?

yes somewhat not really no

explain _____

6. Did you experience any difficulties with your mentee?

yes somewhat not really no

explain _____

7. Please share your observations of and experiences with the mentee in these areas:

Interactions/communication

Appearance/hygiene

Safety

Initiative

Responds to guidance

Responds to criticism

Focus/independent work

8. What were some of the positive outcomes of your mentorship?

9. What would you suggest to improve the mentorship program?

10. How would you rate the mentorship program overall?

excellent very good good poor

11. Would you consider being a mentor again?

yes no maybe

12. Would you recommend our mentorship program to your colleagues?

yes no maybe

If no, why _____

If so, who _____

OSLP ARTS & CULTURE PROGRAM

Mentee
Confidential Exit Evaluation

We would like to have feedback about your experience of the mentorship program in order to help us evaluate and strengthen our program for the future. Please complete the questions below and return the survey to the program coordinator. (Please circle your response where necessary)

1. How would you rate the mentorship program overall?

excellent very good good poor

2. Did you enjoy your mentorship experience?

yes somewhat not much no

Tell us more: _____

3. Did you like your mentor?

yes somewhat not much no

Tell us more: _____

4. Would you have liked to meet with your mentor more often?

yes no

Tell us more _____

5. Did you learn new things from your mentor?

yes somewhat not much no

Tell us more _____

6. Was communication with your mentor clear and comfortable?

yes somewhat not really no

Tell us more: _____

7. Did you feel comfortable talking to your mentor program coordinator about your experiences, either good or bad?

yes somewhat not really no

Tell us more: _____

8. List some of the things that you learned from your mentor.

9. What did you like best about the mentorship program?

10. What did you not like about the mentorship program?

11. What do you think we should change or do differently?

Oregon Supported Living Program

"People Helping People"

1250 Charnelton St. Eugene, OR 97401
Ph: 541-343-4196 - Fax: 541-343-0652 - www.oslp.org

MEDIA RELEASE FORM

I hereby authorize Oregon Supported Living Program (OSLP), any and all affiliated programs of OSLP, their employees and appointed agents the right to photograph, videotape, audiotape, duplicate and/or transfer to any present or future technology my image and identifying information, to be used for non-profit or any other legal purposes in any and all media, including but not limited to print, film, internet, web site(s), and audio. I waive any rights, claims, or interest I may have to control the use of my identity or likeness in whatever media used. I understand that there is no financial or other compensation for use of my image.

I understand that I may rescind this release by notifying Oregon Supported Living Program in writing. Releases will be rescinded 30 days from the date of notification.

I agree to indemnify and hold harmless OSLP, any and all affiliated programs of OSLP, their employees and appointed agents against any and all claims and liabilities whatsoever in connection with the above.

I represent that I am at least 18 years of age, and agree to be bound by the terms of this release.

Printed Name _____ Date _____

OSLP Affiliation _____
E.g. Employee, client, volunteer, mentor, mentee, other (specify)

Signature _____

Parent or Guardian for persons under the age of 18:

Printed Name _____

Signature _____

BACKGROUND CHECK INFORMATION SHEET

This form is to be used to assist in gathering information to be entered into the CRIMS system. Disclosure of your Social Security (SSN) number is optional. The Background Check Unit (BCU) requests the SSN or INS number solely for the purpose of positively identifying you during the background check process. If you do not provide the SSN, the BCU may request fingerprints to confirm identity.

NAME: (Last, First, Middle):	Social Security Number:	Date of Birth:
Gender: Female _____ Male _____	Driver's License #:	Driver License State:
Aliases/other names used, include maiden name(s):	Home/Cell phone:	
Mailing address: Street:		Apt:
City:	State:	Zip:
Street Address: (if different than mailing address)		Apt:
City:	State:	Zip:

During the past 5 years, have you been outside of Oregon for 60 days or more in a row? Yes _____ No _____

If you answered 'Yes', complete the following for each residence in the past 5 years:

Date *(mm/dd/yy)* Start:	End:	City:	State	County:	Name(s) used at this residence:

Have you ever been charged, arrested and/or convicted of a crime: Yes _____ No _____

If you answered "Yes", list all charges, arrests and/or convictions (adult and juvenile) and the outcome, regardless of how long ago. Attach additional pages as needed.

Date *(mm/dd/yy)*	Charge, arrest or conviction:	Outcome *(e.g., conviction, dismissal)*:	City	County	State

BACKGROUND CHECK INFORMATION SHEET

For each arrest, charge or conviction you list, attach extra pages and provide as much information as possible regarding the incident.

If you have potentially disqualifying convictions or conditions, the BCU must consider several factors to determine the risk of vulnerable individuals and your fitness to hold the position. Please provide any information about the details of your criminal history, yourself, our training, education, work history, treatment and circumstances since your criminal history that you want the BCU to weigh. Add additional pages as needed.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

I understand that a criminal records check, which may include a national criminal records check requiring fingerprints, will be completed on me. I understand that an abuse check will be completed on me. The BCU may share information with a designee at the facility associated with this request. My submission of this electronic signature authorized the BCU to request and receive any juvenile, police, court, or investigation reports needed to complete this background check. IN the event potentially disqualifying abuse is discovered, I will be notified at the address or email I have given and asked to provide additional information.

I authorize the BCU to process this background check request. I understand the background check may be repeated during the time I hold this position.

Signature: _____ Date: _____

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ARTWORK CONSENT FORM

I hereby permit Oregon Supported Living Program (OSLP), and any and all affiliated programs of OSLP to publically display my artwork and to reproduce my artwork for not-for-profit or any other legal purpose. Public display includes, but is not limited to, internet, web site(s), OSLP Lincoln gallery, other public galleries, print, and film. I understand that in so doing, I extend non-exclusive publishing rights to OSLP. As co-creator of this artwork, I understand that my collaborator and I retain copyright of our original artwork. OSLP may not copyright the original artwork, but may copyright photographic representations of the original in publications and other media in which it may appear.

I understand that original artwork will not be returned to my collaborator or me until it has been photographed and/or exhibited. OSLP will take measures to properly store artwork, but will not assume responsibility for the possible loss or damage of said work.

I agree to indemnify and hold harmless OSLP, any and all affiliated programs of OSLP, their employees and appointed agents against any and all claims and liabilities whatsoever in connection with the above.

All mentors and mentees must submit a signed copy of this form to the Project Coordinator.

I represent that I am at least 18 years of age, and agree to be bound by the terms of this release.

Mentee signature_____ Date _____

Mentor signature _____ Date _____

Parent or Guardian for persons under the age of 18:

Printed Name _____

Signature _____