

application for the multimedia apprenticeship program



www.spyhop.org

APPLICATION DEADLINE: June 18, 2010

The Media Apprenticeship Program is a five-month class offered in film production, sound engineering, and interactive media. It provides a unique opportunity for young people (ages 14-19) to train in media production while earning a modest stipend. Apprentices actively engage in student-centered instruction two days a week in two-hour sessions and commit to an additional six hours per week working on client-based projects and developing their own creative portfolio. In addition to media production skills, participants will gain critical skills necessary to succeed in higher education and the workplace including responsibility, communication, collaboration, critical thinking, and creative problem solving.

are you right for spy hop?

All applicants must show a clear passion for media production as an art form and communicative device. They must dedicate at least ten hours a week to general apprenticeship duties and project development. Applicants must demonstrate clear career goals and artistic motivations along with an individual voice and a willingness to share it.

application materials

All forms must be typed or printed legibly in black or blue ink and filled out completely. Include your name on all pages and materials.

GENERAL INFORMATION FORM

Please completely fill out the provided general application form with a black or blue pen.

PERSONAL INFORMATION

This is an opportunity to express your individuality and explain why you would like to obtain an apprenticeship position at Spy Hop Productions. This will be used to gain a sense of your creativity, self-awareness, and vision. Your statement should include long-term goals and artistic ambitions—please limit to two typed, double-spaced pages. Please indicate whether you are applying for the film, audio engineering, or interactive media apprenticeship.

LETTERS OF RECOMMENDATION

Please submit two letters of recommendation. These may be from a variety of sources including, but not limited to, teachers, community leaders, employers, ecclesiastical leaders, and mentors.

CREATIVE PORTFOLIO

The creative portfolio should reflect your range, depth, and creative ability. The submission format is open and does not have to relate directly to a specific apprenticeship program. For example, if you are applying for the film and video apprenticeship program, you may submit your portfolio in non-video formats. Acceptable creative portfolio formats include DVD, MiniDV, CD, slides, photos, written material, paintings, and recordings. You should also highlight formal recognitions, awards, publications, and exhibitions. **DO NOT SUBMIT ORIGINALS.**

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PROGRAM SPECIFIC RESPONSE ESSAY

In addition to the above material, each apprenticeship applicant should answer the questions below associated with the specific program to which she/he is applying:

* **Film Apprenticeship**

Describe the technologies and tools that you have used in the past to create your video or film projects. Briefly describe an influential experience that you have had while watching a movie.

* **Audio Apprenticeship**

Please give a brief history of your own recording experience. How many years have you been involved in recording? Are you a musician? What instruments do you play? What recording programs are you familiar with? What previous music/recording education do you have?

* **Design Apprenticeship**

Describe the technologies and tools that you have used in the past to create your design or animation projects. What types of projects are you hoping to create in the apprenticeship course?

Please complete this application
by June 18, 2010 and mail to:

Spy Hop Productions
511 West 200 South, Suite 100
Salt Lake City, UT 84101

If you have questions regarding the
Multimedia Apprenticeship application process,
please call us at **(801) 532-7500**

empowering youth through multimedia



2010-11 Student Registration

www.spyhop.org

STUDENT INFORMATION

Please write clearly

Name		Email	
Home Phone		Cell Phone	
Home Address		City	State
			Zip
Age	DOB	School	Grade

PARENT/GUARDIAN INFORMATION

Please write clearly

Guardian 1 Name	Email Address
Same Address As Above? <input type="checkbox"/> Y <input type="checkbox"/> N	Cell Phone
Place of Employment	Work Phone

Guardian 2 Name	Email Address
Same Address As Above? <input type="checkbox"/> Y <input type="checkbox"/> N	Cell Phone
Place of Employment	Work Phone

For which class are you registering?	Which class(es) have you taken at Spy Hop?
How did you hear about us?	
Why are you interested in this class?	
What skills do you hope to learn?	

Will you be applying for financial assistance? (Financial assistance is granted on a sliding scale based on household size and income):

Yes No

If you answered 'yes' above and wish to be considered for financial assistance, it is essential that you answer the following questions:

Number in household? _____ Household annual income:\$_____

*We reserve the right to request any financial documentation.

Check here if you **DO NOT** wish to be on our mailing list.

****If you have any questions please call Matt Mateus at (801)532-7500.**

PARENTS/GUARDIANS
PLEASE FILL OUT ALL THE QUESTIONS

The following information is strictly confidential and is used for grant reporting purposes. Accurate reporting helps us secure funding for Spy Hop programs. We ask that you fill out all of the questions to the best of your abilities. This information will not be shared with any other organizations. The information on this form will not affect your child's access to this program or to any program at Spy Hop Productions.

Student's Legal Name		Age		Gender
				Male Female
Race/Ethnicity (choose all that apply)	<input type="checkbox"/> Latino/Hispanic/Chicano <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White Other: _____			
How many people in your household?	Did parent(s) or guardian(s) graduate from college			
	Yes No			
Household/Family Income	Less than \$ 9,999 \$ 10,000 - \$14,999 \$ 15,000 - \$24,999 \$ 25,000 - \$34,999 \$ 35,000 - \$49,999 \$ 50,000 - \$74,999 \$ 75,000 - \$99,999 \$100,000 - \$149,999 \$150,000 - \$199,999 \$200,000 or more			
Does the student have a disability?	Yes Describe disability: No			
What languages are spoken at home?				
Student's Place of birth				
Parent's/Guardian's place of birth				

READ & SIGN

I declare that to my knowledge the information reported on this form is complete & correct.

 Signature of parent/legal guardian

 Date

SPY HOP PRODUCTIONS, INC.
PARTICIPATION, RELEASE, AND CONSENT FORM

Permission to Participate & Release

I, the undersigned parent/guardian, hereby consent for my child to participate in the program or programs (the "Program") offered by Spy Hop Productions, Inc., a Utah non-profit corporation ("Spy Hop"). I also agree to hold Spy Hop and its respective officers, directors, employees, agents, students, teachers, consultants, successors and assigns (the "Spy Hop Parties") harmless against any liability, loss, or expense incurred or suffered in consequence of any action or actions, suit or suits, in law or equity, which may be brought by any person or persons in connection with, or with reference to, the administration, planning, preparation, development, conduct, and execution of the Program.

Information, Records and Evaluation

I, the undersigned, consent to Spy Hop collecting information from my child in order to evaluate its Program, including interviews, observations, surveys, and other class activities and materials. I understand that my child will complete a confidential survey about his or her attitudes and opinions as part of this evaluation. I understand that the information obtained will be analyzed and that my child's name will be withheld for confidentiality purposes. I understand that this information will be part of a larger evaluation and only the evaluation team and program staff will have access to this confidential information.

Medical Consent

I understand that there are some risks inherent in the activities that are included in the Program, but willingly assume these risks in order to allow my child to participate. If I cannot be reached in the event of an emergency, I give permission for any care or treatment by a physician, surgeon, hospital, nurse, physician's assistant or medial care facility that may be required.

Transportation Release

I fully understand that the Program staff may transport my child in a vehicle to and from various activities and hereby release and hold the Spy Hop Parties harmless against any liability, loss, or expense incurred or suffered in consequence of any action or actions, suit or suits, in law or equity, which may be brought by any person or persons in connection with, or with reference to, the administration, planning, preparation, development, conduct, and execution of the Spy Hop Program.

Photograph/Videotape/Sound Recording Releases

I, the undersigned, hereby release the Spy Hop Parties from any and all claims, demands or causes of action that I or my child may now have or may hereafter have for libel, defamation, invasion of privacy, right of publicity, infringement of copyright, or violation of any other right arising out of or relating to production and distribution of, or any failure or omission to use, any footage, portraits, still pictures and other photographic reproductions and sound recordings which my child creates, is involved in, or otherwise participates.

I also fully understand that my child's work may be displayed in the community, submitted to festivals, and other public venues. I also understand and give consent for Program staff to photograph, videotape or make sound recordings of Program youth to advertise the Program or for other purposes. I give permission for Program staff to photograph, videotape or make sound recordings of my child for public display

Full or Cancelled Classes

Spy Hop classes must meet minimum and maximum enrollment standards. Classes may fill quickly or classes may be cancelled due to low enrollment. If you have registered for a full class or a class that must be canceled, you will be contacted and entitled to a full refund.

GUARDIAN NAME PRINT

SIGNATURE

DATE

STUDENT NAME PRINT

SIGNATURE

DATE

**SPY HOP PRODUCTIONS
STUDENT’S, PARENT’S, AND GUARDIAN’S
RIGHTS & RESPONSIBILITIES**

Attendance

Students are expected to pay for all classes regardless of attendance.

Discontinuation

Spy Hop Productions reserves the right to discontinue a student at any time for poor attendance, non-payment of fees, lack of interest, or disruptive behavior. If the student is discontinued for non-payment of fees, he or she may be reinstated when the account balance is paid in full. In the event that a student is having behavior problems that are resulting in disrupting behavior, they will be given three chances to improve their behavior before being terminated from the program. On the first offense Spy Hop staff will give a verbal warning to the student. At the time of the second offense Spy Hop staff will call the student’s parents or guardians to talk about the problem and help resolve the issue. A third offense will result in the student being removed from the program. Reinstatement into future Spy Hop programs will be on a case-by-case basis and the student and his or her parents or guardians will need to meet with Spy Hop staff.

Parent and Guardians Responsibility

Spy Hop Productions strongly encourages parents and guardians to participate with their children by taking an interest in their Spy Hop activities.

Parent & Guardian’s Rights

Parents and guardians have a right to have any and all of their questions answered and their concerns addressed. If you ever have any questions or concerns you have the right to call Spy Hop Productions and ask to speak with your child’s teacher or the Programs Director.

Notice of Non-Discrimination

Spy Hop Productions programs and services reflect the cultural diversity of our community. We do not discriminate on the basis of religion, race, color, gender, national origin, sexual orientation or disability.

Product Ownership & Award Monies

Ownership of work produced by students as part of a Spy Hop program goes to the student producer. If, through a venue such as a film festival, a monetary award is given to a work produced at Spy Hop by a student producer, the award monies will be distributed as follows:

- Awards under \$1000 – student participant receives 100% of award monies
- Awards \$1000-\$5000 – student receives 75% of award monies, Spy Hop Productions receives 25% of award monies
- Awards over \$5000 – student receives 50% of award monies, Spy Hop Productions receives 50% of award monies

Spy Hop Equipment Use & Student Responsibility

GENERAL POLICY: All students taking any of the courses offered by Spy Hop Productions accept responsibility and acknowledge accountability for any damage, loss, or theft of any or all equipment used for production purposes. Students agree to take responsible care in the handling, transportation, and storage of all equipment in their care.

BREAKAGE, LOSS, OR THEFT: In the event of minor breakage, loss or theft the student and/or crewmembers are responsible for restitution and the student/crew will be advised by a Spy Hop Production staff member as to the extent of damages. Students may not repair the equipment themselves (or have it repaired) without prior approval from the department in question. All payments and/or replacements must be settle in full before any additional use of equipment or facilities will be authorized to that individual or crew. Students who have been authorized to have the items repaired or replaced must document that the repair or replacement has been undertaken by an approved vendor before any additional use of equipment or facilities by that student or crew will be permitted. When the damage, loss or theft is severe the student and/or crewmembers are responsible for restitution. Use of any equipment or facilities will be suspended until restitution or replacement of damaged goods is provided. Individuals/crews are responsible for loss or damage due to negligence, including items left in vehicles (even if locked or hidden from sight) or other unattended facilities such as classrooms or editing bays. In such cases of loss, theft, or damage the student is wholly responsible for the FULL VALUE of the equipment. This policy does not cover Spy Hop Production equipment or facilities used for non-course related activities. Such activity will result in severe penalties, including but not limited to, suspension of all equipment and facility privileges and will jeopardize the standing of the student. Excessive equipment checkout and/or continual damaging of equipment will require a security deposit in relation to the value of the equipment. **YOU WILL BE HELD RESPONSIBLE FOR DAMAGE, LOSS OR THEFT.**

GUARDIAN NAME PRINT

SIGNATURE

DATE

STUDENT NAME PRINT

SIGNATURE

DATE

Emergency Information Form

Please complete the following information to the best of your ability and knowledge. This information is very important and useful for us in the event of an emergency.

Student's Name	
Date of Birth	
Allergies (drugs, food, insects, plants, etc)	
Medications student is currently taking	

Please indicate any medical problems the student has:

Heart Disease High Blood Pressure Diabetes Epilepsy

Other (please describe): _____

Does the student wear:	Glasses	Contacts	Neither
Health insurance Carrier & Policy Number			

In case of Emergency Notify

Name			
Address			
Home Number		Other Number Work or Cell?	
Relationship			