

2009 Indy Convergence Participant Form *

Name:

Address:

E-mail:

Phone:

Occupation:

Union Affiliation (if any):

College:

Degree(s):

Scholarships/Awards/Achievements:

(Please list dates, titles of awards and dollar amounts if you are comfortable doing so. This information will be used to aid us in our own grantwriting.)

Is there a side project you would like to work on while you are participating in the Convergence?

(Please give a brief explanation of your project. Include space, materials, collaborators, and hours of rehearsal needed.)

Do you have teaching experience? (Please give a brief explanation.)

Please write a short description of a workshop you would like to teach or an exploration you would like to lead.

(All workshops should be about 1-2 hours long. They will be open to all members of the community and all Convergents. Please suggest an introductory topic appropriate for workshop participants with little or no previous experience in your field.)

Are you bringing a car with you?

Are you willing to help us carpool?

Are you willing to drive someone else's car in Indianapolis if they have 3rd-party insurance?

(If you live in Indianapolis, please skip rest of the questions.)

The Indy Convergence houses its participants in the homes of Indianapolis community members. They are not being paid, and it is one of our highest priorities to make sure that living arrangements are a pleasant experience for both parties. Please understand that while do not anticipate any issues, if a participant loses their housing for any reason, we may not be able to secure new housing. For everyone's sake, please err on the side of telling us more than telling us less.

Do you have any allergies, fears, apathies to animals?

Do you have any physical requirements for your living space?

(No stairs, need outlet close to bed etc.)

Do you have any ongoing health conditions, physical disabilities, or mental or emotional conditions?

Are there any other ongoing issues we should know about?

(Quirks, strong likes or dislikes, allergies, irrational fears, past issues or conditions that could resurface in a stressful or unfamiliar situation)

Please answer the following questions (optional) in the event of your being admitted to a hospital.

Do you have any allergies to foods or medications?

Are you currently taking any medications? What are they for?

Who do you want us to contact in the event of a medical emergency?

Name:

Relationship:

Phone # (day):

Phone # (evening):

Address:

* all participant forms are confidential