

Art ID: 09-
of pieces submitted

Date: _____



VISUAL ART

Thank you for participating in the **DELISLE YOUTH GALLERY.**

The art drop-off process requires the following 7 STEPS....

(Please print clearly)

Please fill out the attached label with your name, email, phone number and title of the piece and stick it onto the back or bottom of your piece.

NAME:
MAILING ADDRESS (including postal code):
CELL PHONE:
HOME PHONE:
EMAIL:
SCHOOL/COMMUNITY AGENCY:
Is your art work framed? Y N

How did you find out about Delisle Youth Gallery?

What did you hope to get out of submitting your art and participating in this year's exhibit?

Is this the first time that you participate in the Delisle Youth Gallery?

Are you planning on attending the gallery opening? (April 2, 2009) If not, why not?



Please complete the following for each piece you submit:

*** Due to space restrictions we may not include all of your pieces in this year's show. The Delisle Youth Gallery Committee will select accordingly.

In the description space provided below please write a description of the piece, your inspiration, and a little bit about yourself as an artist. (This information will be included next to your artwork with some or all of the information in #2 unless otherwise specified).

Title:	Name:
Medium:	
Artist Profile/Inspiration for your piece:	

Title:	Name:
Medium:	
Artist Profile/Inspiration for your piece:	

Please complete the following:



Delisle Youth Gallery

Please Note that if you are younger than 16 years you need to have your parents/guardian sign the consent and release on your behalf.

CONSENT AND RELEASE

I, _____ hereby permit and authorize

(Print Name in Full)

Delisle Youth Services to take **my photograph/video footage** and **photograph/video footage of my submitted artwork**.

I acknowledge and agree that Delisle Youth Services may publish or use the Photograph/video footage for any Delisle Youth Services purpose by any means whatsoever including, but not limited to, electronic or digital means, promotional print material such as newsletters, annual reports, brochures, for the promotions of Delisle Youth Services and Delisle Youth Gallery at events, and for the purpose of solicitation of funds and fundraising purposes.

I acknowledge that Delisle Youth Services may not be able to control the distribution or use of the Photograph/video footage by other than Delisle Youth Services representatives. I agree that this Consent and Release is given in perpetuity and for no consideration, credit, acknowledgment or financial recompense, now and in the future. I hereby hold Delisle Youth Services harmless for any claims, actions, debts, damages injuries or losses that may arise or be incurred as a result of the taking, use, publication or distribution of the Photograph/video footage.

Name: _____

Date: _____

Address: _____

Signature: _____

Telephone No.: _____



I am interested in selling my work. Yes No

I understand that if I am interested in selling, I will be contacted by the Delisle Youth Gallery with the names and contact information of interested buyers, and it is my responsibility to contact the buyers to negotiate a sale.

Name (Please Print) _____

Signature _____

Date _____



The Delisle Youth Gallery exhibits art within our office space and within the atrium space in the library next door. The exhibit will open on Thursday, April 2, 2009. Please respond to the following.

I consent to my work being shown outside of Delisle in the library atrium space next door or elsewhere in Toronto Yes No

Name (Please Print) _____

Signature _____

Date _____



I understand that Delisle Youth Services is not responsible for lost, damaged or stolen pieces.

Name (Please print) _____

Signature _____

Date _____



Please read and complete the following:

I, _____, will pick-up my piece by **October 30, 2009**. I understand that if I do not pick-up my piece by **October 30, 2009** Delisle Youth Services will not be held responsible.

Date _____ Signature: _____

*****Remember to mark the gallery opening date and the art pick-up deadline in your calendar and keep the last page as a reminder. Once complete please give the first 6 pages to our receptionist at the front desk.**

Art ID: 09-_____
of pieces submitted_____

Delisle Youth Gallery

Artist / Performer

Participants Survey I

Be assured that all information will be kept confidential and that there will be no way of connecting you with the info you provide.

Thank you. Your time is greatly appreciated.

DATE: _____

GENDER: Female Male Other

AGE: _____

WHAT IS YOUR CULTURAL BACKGROUND? _____

IN WHAT COUNTRY WERE YOU BORN? _____

WHAT IS THE FIRST LANGUAGE THAT YOU LEARNED TO SPEAK? _____

WHO DO YOU LIVE WITH?

Parents/Family member Group Home On my own Other

WHAT IS YOUR CURRENT FAMILY INCOME?

\$10000 or less	<input type="checkbox"/>	\$60001 - \$70000	<input type="checkbox"/>
\$10001 - \$20000	<input type="checkbox"/>	\$70001 - \$80000	<input type="checkbox"/>
\$20001 - \$30000	<input type="checkbox"/>	\$80001 or more	<input type="checkbox"/>
\$30001 - \$40000	<input type="checkbox"/>	Not sure	<input type="checkbox"/>
\$40001 - \$50000	<input type="checkbox"/>	Not Applicable	<input type="checkbox"/>
\$50001 - \$60000	<input type="checkbox"/>	Declined to Answer	<input type="checkbox"/>

HOW DID YOU FIRST HEAR ABOUT THE DELISLE YOUTH GALLERY?

Guidance Counselor	<input type="checkbox"/>	Former Gallery Participant	<input type="checkbox"/>
Teacher	<input type="checkbox"/>	Friend (or another youth)	<input type="checkbox"/>
Poster at School	<input type="checkbox"/>	Another Delisle Youth Services Program	<input type="checkbox"/>
Email	<input type="checkbox"/>	Pathways To Education	<input type="checkbox"/>
Facebook	<input type="checkbox"/>	Another Committee Member	<input type="checkbox"/>
Artist/Performer	<input type="checkbox"/>	Another Social Service Agency	<input type="checkbox"/>
Probation Officer	<input type="checkbox"/>	Through Other Sources (please specify)	<input type="checkbox"/>

IS THIS THE FIRST TIME THAT YOU WILL EXHIBIT/ PERFORM IN A PUBLIC VENUE?

No Yes

APPROXIMATELY HOW MANY TOTAL HOURS DID YOU SPEND CREATING THE ART/ PERFORMANCE SUBMITTED TO THE DELISLE YOUTH GALLERY?

0 – 10 hours	<input type="checkbox"/>	31 – 40 hours	<input type="checkbox"/>
11 – 20 hours	<input type="checkbox"/>	41 – 50 hours	<input type="checkbox"/>
21 – 30 hours	<input type="checkbox"/>	51 + hours	<input type="checkbox"/>

WILL YOU BE INCLUDING YOUR INVOLVEMENT WITH THE DELISLE YOUTH GALLERY ON YOUR RESUME? No Yes Not Sure

WHAT SKILLS, IF ANY, DO YOU HOPE TO ACQUIRE AS A RESULT OF YOUR INVOLVEMENT WITH THE DELISLE YOUTH GALLERY?

WHY DID YOU DECIDE TO PARTICIPATE IN THE DELISLE YOUTH GALLERY?

Please circle the option which most closely reflects your current experience:

- 1) I identify as an artist:
 1 2 3 4 5 6 7 8 9 N/A
 (I totally agree) (neither agree nor disagree) (I totally disagree)
- 2) I am committed to my art/performance:
 1 2 3 4 5 6 7 8 9 N/A
 (I totally agree) (neither agree nor disagree) (I totally disagree)
- 3) I feel a part of the Toronto youth artists/performers community:
 1 2 3 4 5 6 7 8 9 N/A
 (I totally agree) (neither agree nor disagree) (I totally disagree)
- 4) I easily make new friends amongst my peers:
 1 2 3 4 5 6 7 8 9 N/A
 (I totally agree) (neither agree nor disagree) (I totally disagree)
- 5) I am confident in my ability to get things accomplished:
 1 2 3 4 5 6 7 8 9 N/A
 (I totally agree) (neither agree nor disagree) (I totally disagree)
- 6) I currently possess the skills required for succeeding in school:
 1 2 3 4 5 6 7 8 9 N/A
 (I totally agree) (neither agree nor disagree) (I totally disagree)
- 7) I feel hopeful about my future:
 1 2 3 4 5 6 7 8 9 N/A
 (I totally agree) (neither agree nor disagree) (I totally disagree)
- 8) I feel good about myself:
 1 2 3 4 5 6 7 8 9 N/A
 (I totally agree) (neither agree nor disagree) (I totally disagree)
- 9) I am aware of the social services that are available in my community:
 1 2 3 4 5 6 7 8 9 N/A
 (I totally agree) (neither agree nor disagree) (I totally disagree)
- 10) My parents/caregivers are interested in hearing about my extra curricular activities:
 1 2 3 4 5 6 7 8 9 N/A
 (I totally agree) (neither agree nor disagree) (I totally disagree)
- 11) I feel like I am making a positive contribution to my community:
 1 2 3 4 5 6 7 8 9 N/A
 (I totally agree) (neither agree nor disagree) (I totally disagree)
- 12) I feel like I accomplished something meaningful by contributing to the Delisle Youth Gallery:
 1 2 3 4 5 6 7 8 9 N/A
 (I totally agree) (neither agree nor disagree) (I totally disagree)



PLEASE COME TO DELISLE YOUTH GALLERY'S 2009 EXHIBIT
The original work of Toronto youth artists

EXHIBIT OPENING: 5 – 8 pm Thursday, April 2, 2009

@ Delisle Youth Services, Suite 255, 40 Orchard View Blvd (2nd floor of the Northern District Library building, one block north of Eglinton, west of Yonge)

Come represent your own work, experience the creative works of other youth artists and enjoy refreshments with family and friends!

Contact the gallery at 416-482-0081 for more info.

Bianca x 249

SAVE THE DATES:

Delisle Youth Gallery Exhibit Opening:
Thursday, April 2, 2009

Final deadline for art pick-up
Friday, October 30, 2009