
Application Form for:
THE ART AND JOY OF HOSPITAL CLOWNING WORKSHOP

WORKSHOP DATES: Saturday, September 8 and Sunday, September 9, 2012

APPLICATION DEADLINE: July 31, 2012

Please **PRINT** this form, complete it and mail it to:

Hearts & Noses Hospital Clown Troupe, Inc.
Attention: 2012 Training Workshop
PO Box 920570
Needham, MA 02492

The reason for this questionnaire is to help us in the selection process. Space is limited so selection will be based on interests and background. It is also to help us to get to know who you are, in order to give you the best possible learning experience.

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

What are the best times to reach you? _____

email: _____

If you are currently a hospital clown, or have been a hospital clown, please answer the questions below.

1) Where are you a Hospital Clown? Please include the name of the hospital and the location.

2) How long have you been a hospital clown?

3) How many days a week do you clown?

4) How many hours each day do you clown?

5) What types of patients do you see, ages, illnesses?

6) Are you part of a group?

7) Do you work alone?

8) Do you work in pairs?

9) What type of clowning do you do- play on words, magic, prepared skits?

10) Do you use improvisation in your clowning?



If you have never done Hospital Clowning, please answer the questions below.

1) Why would you like to take this training?

2) How do you hope to use this training in your work?

3) Is there anything else about yourself or your group that would be important for us to know in order to provide a high value clowning program?

Signed: _____

Date: _____

