

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

WORKSHOP DATES: Saturday, November 4 and Sunday, November 5, 2017

APPLICATION DEADLINE: October 13, 2017
(**\$100 non-refundable deposit due upon application acceptance**)

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

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

This questionnaire will aid the trainers in the applicant selection process, helping us get to know you, in order to give you the best possible learning experience. Space is limited so selection will be based on interests and background.

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

What are the best times to reach you? _____

Email: _____

If you currently are or have previously been a hospital clown, please answer the following questions:

- 1) Please indicate the name of the hospital in which you clown and the city in which the hospital is located.
- 2) How long have you been a hospital clown?
- 3) How many days a week or month do you clown?
- 4) How many hours do you clown in a typical day clowning in the hospital?
- 5) What types of patients do you see, for example, ages and 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, for example: play on words, magic, prepared skits?

10) Do you use improvisation in your clowning?

If you never been a hospital clown, please answer the following questions:

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: _____