



SACRAMENTO SIERRA DIGITAL ARTS STUDIO PARTNERSHIP MEMBER AGREEMENT

Member Name:

Address:

Organization Affiliation:

Title:

Work Phone:

Email:

Check formal membership designation(s):

- Club/Atelier Satellite Studio Hub Community Youth/Org
- College/ University Tech Corporation Commercial
- Gov't Agency Community Volunteer/Org Other (specify)

I agree to become an active member of the California Digital Arts Studio Partnership project and a member of the Sacramento Sierra Digital Arts Studio Partnership (Sacramento, Yolo, Placer, El Dorado, Nevada, San Joaquin Counties) for a period of 2 years, and to abide by the statutory purposes and requirements therein as set forward under the administering authority of the California Arts Council through the designated (SS)DASP Applicant Agency, which includes to:

1. Specifically support the emerging digital technology and media arts training of youth and adult mentors to: expand the regional work force, community service and economic development objectives of the program, through the provision of my time, tools, expertise, resources, organizational participation, and/or additional agreed upon efforts for a period of 2 years.
2. Provide agreed upon written information and reports of such activities including the number of individuals served, digital media and aesthetics curriculum development and application, training outcomes (e.g. skills and competency progress achieved, youth arts products and their exhibition), partnership growth and effectiveness, and youth leadership developments.
3. Help provide regular needed professional/industry access, supervision and/or consultation to existing digital media tools and learning space during the normal instructional day, extended day and/or after school times to be increased contingent on the availability of new resources.
4. Support the implementation of the Annual Teen Digital Reel Awards Showcase and North American All Youth Film & Education Day with youth produced entries, organizational work and audience attendance.
5. Participate in regional SSDASP governance and operation by membership in at least one standing committee of the (SS)DASP.

Check one or more:

- Planning Committee Curriculum Development Committee
- Community Service Committee Events and Program Committee
- Finance and Resource Committee Youth Association Committee
- Professional Association Committee Research/Evaluation Committee
- Public Relations Committee Workforce Development Committee
- Other (specify)



- 6. Seek to expand voluntary partnerships between community digital media professionals, local digital media/information systems industries, education institutions, and relevant government programs supporting work force and the arts.
- 7. Assist in identifying gaps and barriers to implementation of DASPA and to target underserved communities and schools in our region to support their development. I understand that my SSDASP membership will result in a voting role in all program and resource decisions, assistance in planned improvement in professional growth and benefits, provide association with regional, statewide and national best practices and peers in the field of digital technology and media arts, preferential access to consultant expertise, acquired funds, state of the art tools, increased visibility and public recognition for work being done, as these are established in the implementation of CALDASP.

Print Name: _____

Signature: _____ Date _____

School Program Profile

School Name:

District:

Media Class Name

Enrollment

Facility Used

1.

2.

3.

4.

5.

Basic class categories: Digital Arts Live action Video News journalism 2D-3D Animation multimedia or web graphics digital photography

other (specify)

UC A-G certified? Yes No

Planning to apply for A-G certification? Yes No

Facilities used: (classroom, lab, studio, broadcast, webcast capacities)

1.

2.

3.

4. Etc.

Computer platforms: (include quantity and age) Mac PC Other (describe)

Software in use: (include version)

Quant:

Software in use: (include version)

Quant:

1.

2.

3.

4.

5.

6.

7.

8.

Other (describe)

Teacher Name

No. Years teaching media:

List all credentials:

phone:

cell phone:

Email:

Professional title(s) in employment:

Site Administration Data

Support for class/program stability and support (check best option(s)) Permanent Secure Dynamic annual changes Other

Support for technical maintenance (check best option) Very good Good but slow Fair/unpredictable Minimal/needs unmet

Support for Professional in-service in media arts proficiencies? Yes No Max Annual Training Hours:

Equipment purchase experience and scope? (describe)

Member of Sacramento Sierra SSDASP: Yes No From Year:

Submitted Entries to TOY (Tower of Youth) events? Yes No if yes, which years?

Received software/hardware awards from TOY? Yes No