



## BRINGING THE STAGE TO LIFE NASHVILLE PARTICIPANT APPLICATION

### PERSONAL INFORMATION:

NAME: \_\_\_\_\_ NICKNAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ APT / SUITE #: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ BUSINESS PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

CELL NUMBER: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ TEXT: YES NO VP NUMBER: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

GENDER: MALE FEMALE TRANS MALE TRANS FEMALE T-SHIRT SIZE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ FACEBOOK ADDRESS: \_\_\_\_\_

WEBSITE ADDRESS: \_\_\_\_\_ INSTAGRAM ADDRESS: \_\_\_\_\_

I AM: HEARING HARD OF HEARING DEAF DEAF-BLIND CODA (Child of a Deaf Adult)  
 WODA (Wife of Deaf Adult) HODA (Husband of Deaf Adult) SODA (Sibling of a Deaf)

PLEASE LIST ANY ACCESSIBILITY SERVICES YOU MAY REQUIRE: (i.e. Wheelchair ramps, SSP's, etc) \_\_\_\_\_

ARE YOU A U.S. CITIZEN? YES \_\_\_ NO \_\_\_ IF NO, YOU COUNTRY OF BIRTH: \_\_\_\_\_

### SIGN LANGUAGE EXPERIENCE:

ASL SKILL LEVEL: NATIVE FLUENT HIGHLY SKILLED SKILLED PROGRESSING  
 NEED A LOT OF PRACTICE BARELY SURVIVING

EXPERIENCE: PROFESSIONAL INTERPRETER (4+ years of professional interpreting) How many years? \_\_\_\_\_  
 NEW INTERPRETER (0-4 years of professional interpreting)  
 ADVANCED STUDENT (Presently in or entering Practicum / Internship)

NATIONAL CERTIFICATIONS: (List) RID: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ NAD: \_\_\_\_\_ EIPA: \_\_\_\_\_

STATE CERTIFICATIONS: (List) STATE: \_\_\_\_\_ LEVEL: \_\_\_\_\_ STATE: \_\_\_\_\_ LEVEL: \_\_\_\_\_

INTERPRETING SKILLS: I AM COMFORTABLE USING: ASL or PSE (Contact) ASL ONLY PSE (Contact) ONLY

INTERNATIONAL INTERPRETING CERTIFICATIONS: \_\_\_\_\_

ADDITIONAL LANGUAGES: please check all languages that apply and rate your competency level

Spoken:	Beginner	Average	Fluent	Interpreter:
___ Spanish	1	2	3	4 5 ___ Yes ___ No
___ French	1	2	3	4 5 ___ Yes ___ No
___ Italian	1	2	3	4 5 ___ Yes ___ No
___ Other: _____				___ Yes ___ No
___ Other: _____				___ Yes ___ No

Signed:	Beginner	Average	Fluent	Interpreter:
___ LSM	1	2	3	4 5 ___ Yes ___ No
___ BSL	1	2	3	4 5 ___ Yes ___ No
___ AUSLAN	1	2	3	4 5 ___ Yes ___ No
___ NZSL	1	2	3	4 5 ___ Yes ___ No
___ Other: _____				___ Yes ___ No

**PRESENT EMPLOYMENT:**

Name of Company:	Briefly describe type of work performed:

**PRESENT VOLUNTEER POSITIONS:**

Name of Company:	Briefly describe type of work performed:

**EDUCATION:**

	Name and Location:	Course Taken:		Year Completed:	Year Graduated:
High School:					
College:		Major:	Degree:		
College:		Major:	Degree:		
College:		Major:	Degree:		
Other:					

**MEDICAL:**

Our desire is to ensure that you are well cared for. None of the answers below will have any bearing on your presence at the workshop, but will be kept on file in case of an emergency or in order to make preparations for your unique care should medical attention becomes necessary. All information will be kept confidential and will only be shared with with medical personnel as needed.

DO YOU HAVE ANY KNOWN ALLERGIES?      YES      NO

[Medicine, Food, Insect (Bee / Wasp), Animal (Dog / Cat), etc]

IF YES, PLEASE LIST: If additional space is needed please use back of page

- |          |                   |             |                        |                  |
|----------|-------------------|-------------|------------------------|------------------|
| 1. _____ | Treat w/ Benadryl | Have EpiPen | Seek Medical Attention | Life Threatening |
| 2. _____ | Treat w/ Benadryl | Have EpiPen | Seek Medical Attention | Life Threatening |
| 3. _____ | Treat w/ Benadryl | Have EpiPen | Seek Medical Attention | Life Threatening |

Although you are not required to list chronic medical conditions or blood disorders such as HIV/AIDS, Hemophilia, or Cancer, etc., in case of an injury or an emergency, we would appreciate being informed of any serious medical conditions and/or infectious diseases /disorders while on site. This information will allow the workshop staff and volunteers to be as prepared as possible to provide any and all care that may be needed as well as allowing us to inform medical personnel of these conditions to ensure that services can be administered accordingly. All information will be kept confidential.

Major Medical Conditions: \_\_\_\_\_

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Should you attend the BSL NASHVILLE workshop, we request that you keep a list of all chronic medical conditions as well as a list of all prescription medications presently being taken on your person at all times.

**EMERGENCY CONTACT INFORMATION:**

EMERGENCY CONTACT NAME: \_\_\_\_\_

EMERGENCY CONTACT RELATIONSHIP WITH APPLICANT: \_\_\_\_\_

EMERGENCY CONTACT HOME PHONE NUMBER: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

EMERGENCY CONTACT BUSINESS PHONE NUMBER: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

EMERGENCY CONTACT CELL PHONE NUMBER: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

EMERGENCY CONTACT VP NUMBER: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**PERSPECTIVES OF PERFORMANCE INTERPRETING:**

We want to get to know you! Please take a moment to answer the questions below:

1. What caused your initial interest in Performance Interpreting? \_\_\_\_\_

\_\_\_\_\_

2. Have you attended a Bringing the Stage to Life Workshop? YES NO If yes, what city? \_\_\_\_\_

3. Have you received prior training in Performance Interpreting? YES NO If yes, please explain? \_\_\_\_\_

\_\_\_\_\_

4. Briefly explain your Performance Interpreting experience: \_\_\_\_\_

\_\_\_\_\_

5. What type of venues have you interpreted music or musical theater: \_\_\_\_\_

\_\_\_\_\_

6. If you could interpret for any artist or theatre production what would be your top 3 picks?

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

7. What makes a great musical interpreter? \_\_\_\_\_

\_\_\_\_\_

8. Pick One: I believe Interpreters should interpret music by "getting out of the way" and performing with minimal facial expressions and minimal body language only providing and essence of the on stage performance...in essence they should "caption" the show.

I believe interpreters should express strong facial expressions and body language matching the performance as much as possible in a balanced fashion making the transition between interpreter and stage as smooth as possible.

9. When interpreting on stage:

I believe interpreters should use ASL only when interpreting music.

I believe interpreters should use a mix of ASL/PSE (Contact) when interpreting music.

I believe interpreters should use PSE (Contact) only when interpreting music.

I believe interpreters should start in \_\_\_\_\_ then modify as the consumers provide feedback from the audience.

I believe interpreters should start in whatever language the consumers prefer but if it is unknown start in \_\_\_\_\_ and change as needed.

10. Favorite YouTube videos/interpreters: \_\_\_\_\_

\_\_\_\_\_



Country: Bluegrass	Country: Popular	Christian: Southern Gospel	Christian: Popular	Christian: Worship
Musical Theatre	R&B	Blues	Rock / Metal	Folk
Jazz	Latin	Hip Hop	Pop	Other: _____

**PLEASE INCLUDE THE FOLLOWING ALONG WITH YOUR COMPLETED APPLICATION:**

RESUME

PHOTO

BIO

AUDITION VIDEOS which should include the following:

A Signed Introduction

- Introduce Yourself
- Give a brief synopsis of where you are from and your experience with performance interpreting
- A brief synopsis of why you are interested in attending BSL Nashville

Two Interpreted Songs

- One popular music selection
- One musical theater selection

Audition videos do not need to be professional quality. The quality of the video will only affect your acceptance if seeing your signs becomes significantly difficult thereby not allowing it to be fully evaluated. Please be sure that the audition videos have working audio and are clear to see. Videos can be submitted via regular mail using a DVD or flash drive along with your paper application sent to the address below. Applications and audition videos can also be submitted via email using YouTube links, Dropbox, or WeTransfer. All email submissions should be sent to workshops@gatecommunications.org.

Please send the audition videos via DVD or flash drive, and additional information listed above to:

Gate Communications  
 BSL Nashville Application  
 330 Mallory Station Rd, Ste 10  
 Franklin, TN 37067

It is the policy of Gate Communications not to discriminate when evaluating potential workshop attendees based on an individual's race, color, religion, sex, national origin, height, weight, marital status, political belief, genetic information, disability or handicap.

**CERTIFICATION:**

By signing this application I state that all the information herein is true and accurate to the best of my knowledge. Upon signing this application I am entering into a hold harmless agreement with Gate Communications and all of the Staff and Board members of the organization. I agree that I will not hold Gate Communications or any of the Staff members or Board members responsible should any injury or harm take place to my person or belongings while a part of BSL NASHVILLE Workshop.

I also agree with my signature to allow Gate Communications to use any video footage as well as still photos that may be taken during the course of the BSL NASHVILLE Workshop for educational and advertising services.

By signing this application I understand and agree to uphold the policies dictated and required at the event site which includes not alcohol, drugs, smoking inside the venue/hotel, sexual activity, or pornography while at the workshop. I also agree to refrain from the use of illegal drugs and/or driving while intoxicated while a part of the BSL Nashville Workshop. I understand that if these policies are ignored or violated I understand Gate Communications can dismiss me from the workshop and will not be provided with any form of a refund.

My signature on this application signifies that I agree to not act inappropriately with artists and their personnel, or while visiting alternative educational sites while a part of the BSL NASHVILLE Workshop. Inappropriately is defined as rude, aggressive, extremely loud, or offensive. Acting inappropriately could result in my presence being removed from the workshop for the remainder of that specific day or permanently for the remainder of the workshop with no form of a refund being provided.

Gate Communications promotes learning environments based on love and respect. We are organization which thrives on the administration of anti-ego, anti-criticism, anti-discrimination, and anti-drama based environments. We believe we are all coming together as imperfect humans all striving to improve our skills and our character without judgement of our fellow interpreters, students, and community members. Gate promotes grace and forgiveness when interacting with individuals whose perspectives differ than your own. Gate promotes an offense free environment at all times. Most importantly, Gate Communications loves people. Therefore, by signing this agreement you agree to promote this type of environment throughout the course of BSL NASHVILLE.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

# Housing and Meal Information

It is the desire of Gate Communications to make your housing arrangements as comfortable as possible. To keep the cost down most individuals will be sharing an extended stay suite with a second person. In the process of picking your roommate we want to make sure we find someone who is a good fit for you. We cannot guarantee we will find someone with your similar interests or preferences, however we will do our best to attempt to find a roommate to whom you can relate. Fill out the answers to the best of your ability. Remember, these answers are only used for guiding housing arrangements and have no affect on whether or not you are chosen to participate in the workshop.

**Type of Room Requested:**      Single Room (Additional Fees Apply)      Double Room (No Additional Fees Apply)

**Sleep Schedule:**      Early Riser      Night Owl

**Please select the answers that best describe you:**

- |                            |                                 |                                       |                   |
|----------------------------|---------------------------------|---------------------------------------|-------------------|
| I am a mom of young kids   | I am a mom of teenagers         | I am a mom with no kids in the house  | I don't drink     |
| I love to drink            | I am a light social drinker     | I like to party                       | I am friendly     |
| I am a comedian            | I am active                     | I am a dare devil                     | I like safety     |
| I am rarely emotional      | I can be emotional              | I am very serious                     | I am pensive      |
| People frustrate me        | People rarely frustrate me      | I am dramatic                         | I am agressive    |
| I am LBGTQI                | I am straight                   | I am definitely a Type A personality  | I am a thinker    |
| I love being around people | I have very few opinions        | I have a million opinions             | I am a listener   |
| I need my personal space   | I value my free time            | I am a workaholic                     | I am a cat lover  |
| I am loud                  | I like to sit still             | I don't like to sit still             | I am a dog lover  |
| I am a practical joker     | I love numbers                  | I love history                        | I love literature |
| I am a feeler              | I am rarely satisfied           | I am usually satisfied                | I love to argue   |
| I am very religious        | I am not interested in religion | I have no strong opinions on religion | I am liberal      |
| I am conservative          | I love politics                 | I hate politics                       | I am artsy        |
| I have a bright outlook    | I like to find the problems     | I don't recognize problems            | I am easy going   |
| I am a tech geek           | I am a talker                   | I am quiet                            | I am giggly       |
| I tend to complain         | I rarely complain               | Hobbies: _____                        |                   |

**Religion:**

Christian	Catholic	Jewish	Atheist	Wiccan
Jehovah's Witness	Mormon	Agnostic	Muslim	Pagan
Unitarian	Scientologist	Buddist	Hindu	Ba-hai
Other: _____			No opinion on the subject	

Are there any types of roommates you would prefer TO have or prefer NOT to have:

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**Meal Plan:**      No Preferences      Vegetarian      Vegan      Gluten-Free

I do not eat: \_\_\_\_\_