

WASHINGTON STATE ARTS COMMISSION ♦ ART IN PUBLIC PLACES PROGRAM  
 CURATOR ROSTER ♦ REFERENCE FORM ♦ 2016

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**Dear Reference,**

This form must be submitted by 5:00 pm on **September 26, 2016** in order for the applicant to be eligible.

After completing this form, please email directly to: [chuck.zimmer@arts.wa.gov](mailto:chuck.zimmer@arts.wa.gov)  
 Subject: *Reference for (applicant's name)*

For questions contact Chuck Zimmer, Project Manager, Washington State Arts Commission, at 360-586-8087 or [chuck.zimmer@arts.wa.gov](mailto:chuck.zimmer@arts.wa.gov)

<b>Name of Individual applying to the Curator Roster:</b>				
<b>Your Name</b>		<b>Email Address</b>		
<b>Your title:</b>				
<b>Primary Contact Phone:</b> <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work		<b>Secondary Contact Phone:</b> <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work		
<b>Mailing Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	<b>County</b>

**1. What is your professional association with this applicant? In what capacity have you observed or worked with this applicant?**

**2. How many times have you observed or worked with this applicant?**

- 0       1-2       3-5       6-9       10+

**3. Rate this applicant. Your observations may be in a curatorial or non-curatorial setting.**

	<i>Excellent</i>	<i>Above Average</i>	<i>Average</i>	<i>Below Average</i>	<i>Not Observed</i>
Level of preparation	<input type="checkbox"/>				
Budget management	<input type="checkbox"/>				
Attention to detail	<input type="checkbox"/>				
Communication	<input type="checkbox"/>				
Presentation skills	<input type="checkbox"/>				
Time management	<input type="checkbox"/>				

**4. What are the distinctive strengths of this applicant?**

**5. How should we support this individual to ensure that he/she is successful as a curator?**

**Applicant’s committee work practices**

This chart addresses how the applicant works with committees in a curatorial or non-curatorial setting. Please check the appropriate column and add specific comments for clarification.

<i>The applicant...</i>	Excellent	Good	Poor	Not observed	COMMENTS
1. Provides clear agenda and process to committee members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Engages all committee members in the discussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Uses appropriate strategies for redirection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Demonstrates appropriate discussion level for member/s understanding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Manages conflict and negotiates interests of committee members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Uses appropriate energy / demeanor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Manages time effectively throughout the meeting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Additional comments**

Thank you for your time and observations.