

Date: _____

TALENT (Age 21-up)

NOTE: DEADLINE TO SUBMIT APPLICATION: MARCH 25, 2008 (EXTENDED!)

You must submit your headshot/video reel and check for \$40 (late fee) made out to DeafVision Filmworks, Inc. PO Box 1276, Cathedral Station, NY, NY 10025 along with your questionnaires by March 25 to be considered.

PERSONAL INFORMATION (Please fill out everything as much as you can, thanks.)

1. NAME: (Please print) _____
2. HOME ADDRESS: _____
3. EMAIL: _____
4. VOICE/TTY/VP: _____
5. AGE: _____ (Required)

TALENT CATEGORY

6. Please tell what your talent will be: _____

GENERAL QUESTIONS

7. Why do you want to be a part of the MICA talent?
8. What does celebrating diversity means to you?
9. Are you in school?
10. What is your current occupation?
11. What is your highest degree?
12. What did you study?
13. Are you a member of any deaf clubs, deaf organizations or groups?

14. If you do not make it, will you sign up as a volunteer?

15. Please check: Deaf Hard-of-Hearing Hearing

16. Can you take direction? Yes: _____ No: _____

17. Do you believe in supporting charity? If so, why? If not, why not?

18. Are you comfortable sharing a dressing room with other male/female talent?

Yes: _____ No: _____

IMPORTANT INFORMATION: All talents are REQUIRED to show up on the day June 21, 2008 of the event at 9AM for tech rehearsal.

19. Will you be available on the day of the event? 9 AM? Yes: _____ No: _____

20. RACE/ETHNIC

A) Hispanic or Latino _____

B) Asian _____

C) Black/African-American /Caribbean _____

D) Pacific Islander _____

E) White (Caucasian) _____

F) Native American/ Alaska Native _____

G) Other (What nationality?) _____

Thank you for taking the time to fill out the form. Please mail the form with your fee. Bring a copy of the form when you are called in for audition.

Signature required: _____

Please print name: _____