Cape Breton Regional Library
Storyteller-in-Residence Application Form

<u>Personal Information</u>
(Please Print)

Last Name: _____ Given name(s):_____

Address: _____

City/ Town_____ Postal Code_____

Home Phone:_____ Business Phone:_____ Cell: _____

Email Address: _____

Application Deadline: May 3, 2019

Applications can be mailed to the address below or emailed to rgillis@cbrl.ca.

Storyteller-in-Residence Programme
Cape Breton Regional Library
50 Falmouth Street
Sydney, NS B1P 6X9

Please Note: Three names of references who can comment on your storytelling must accompany your completed application form.

1. **Please describe your experience storytelling.**

2. **Please detail any previous experience that may be relevant to this position.**

3. **Has your storytelling experience been with particular populations, communities or age groups, etc? Please explain.**

4. **Have you taken part in storytelling workshops as a participant or as a program leader?**

5. **Please describe how you develop your stories.**

6. **Do you have proficiency in a language other than English? If so, please indicate which language(s).**

7. **Do you use aids, such as visual, musical, etc, in the telling of your stories? Please describe.**

8. **Is there any other information you wish to share that you think is relevant to this application?**