

# Artist Wellness & Information Form

This form has two sections:

**Section 1** gathers contact, health, and accessibility information.

**Section 2** asks you to reflect on your working style, communication preferences, and collaborative values.

Your responses will help us support you throughout the season and build a safe, respectful, and transparent process for everyone!

**\*\*Artists will be compensated at \$30/hour for time spent completing this form. Please make note of your start time. You'll be asked to report the time spent at the end.**

**\* Indicates required question**

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1. Name \*

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2. Birthday \*  
(So we can celebrate 🎉)

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*Example: January 7, 2019*

3. NYC Address \*

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## 4. Best way to check in with you! \*

*Mark only one oval.*

☐ Phone - Text

☐ Phone - Call

☐ Email

☐ Other: \_\_\_\_\_

## Emergency Contact

## 5. Emergency Contact Name \*

\_\_\_\_\_

## 6. Relation to You \*

\_\_\_\_\_

## 7. Emergency Contact Phone Number \*

\_\_\_\_\_

8. Any accessibility needs or accommodations you would like us to know about for rehearsals or performances?

[examples: service animals, access to music or rehearsal videos, reminders of rehearsals schedule, sensory devices (headphones, earplugs, fidgets, specific material for costumes), or anything not listed]

\*This doesn't need to be based on a diagnosis; it can simply be anything that would make you more able to succeed in the work environment.

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9. Any chronic or recurring health issues for us to know about?

(examples: asthma attacks, allergic reactions, seizures)

*Mark only one oval.*

☐ Yes

☐ No

10. If "yes," feel free to describe what procedures you prefer we follow during rehearsals or performances if something was to occur?

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11. Anything else you would like to tell us that might be useful!

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**Working with Me: Artistic Values + Collaboration Preferences**

Your responses to these questions will help support clarity, care, and communication as we move through the creative process together. They'll help us understand how best to support you as a collaborator and artist, and how to build a rehearsal environment that feels safe, responsive, and generative for everyone involved.

Only Minnie will see your responses unless you specify that a particular answer (or part of it) can be shared with the broader team (dancers, admin, collaborators). The answers you are comfortable sharing will be compiled into a document that will be shared with the team.

This form will stay open throughout the season — you're welcome to revisit or resubmit it at any time if new thoughts come up. Minnie is committed to reviewing everyone's responses at key project moments (like tech week, show run, or when a new collaborator joins) to help sustain thoughtful and evolving working dynamics.

**Please answer as many of the questions as feel meaningful or relevant to you. You can respond in full sentences, short phrases, or bullet points — whatever feels most comfortable.**

12. **1. What excites you most about working with Renversons? Are there any professional or personal development goals you'd like to share with us?**  
*(This could include performing a certain type of work, choreographing, teaching, touring, grant writing, advising the board, artistic dreams, etc.)*

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13. Please indicate your comfort level with sharing this response:

*Check all that apply.*

- ☐ I'm okay with this response being shared
- ☐ Please keep this response private
- ☐ I'm okay with part of this response being shared (write which part in "other")
- ☐ Other: \_\_\_\_\_

14. **2. What's something about you that people might not notice right away that you'd like us to know?**

*(About your work style, background, personality, or approach)*

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15. Please indicate your comfort level with sharing this response:

*Check all that apply.*

- ☐ I'm okay with this response being shared
- ☐ Please keep this response private
- ☐ I'm okay with part of this response being shared (write which part in "other")
- ☐ Other: \_\_\_\_\_

16. **3. What are your collaboration “pet peeves”? Are there situations or dynamics in a creative setting that tend to make you uncomfortable or less effective?**

*(Behaviors, communication styles, structural dynamics that inhibit your best work, e.g., being put on the spot, sudden changes, lack of clarity, touch preferences, etc.)*

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17. Please indicate your comfort level with sharing this response:

*Check all that apply.*

- ☐ I'm okay with this response being shared
- ☐ Please keep this response private
- ☐ I'm okay with part of this response being shared (write which part in "other")
- ☐ Other: \_\_\_\_\_

18. **4. How can we tell if you're feeling overwhelmed or stressed during rehearsal/process? What feels helpful when you are feeling overwhelmed or stressed?**

*(Signs we can watch for so we can check in and adjust)*

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19. Please indicate your comfort level with sharing this response:

*Check all that apply.*

- ☐ I'm okay with this response being shared
- ☐ Please keep this response private
- ☐ I'm okay with part of this response being shared (write which part in "other")
- ☐ Other: \_\_\_\_\_

20. **5. How do you prefer to receive feedback, particularly in a creative context?**

*(In the moment, in private, written notes, physical demonstration, etc.)*

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21. Please indicate your comfort level with sharing this response:

*Check all that apply.*

- ☐ I'm okay with this response being shared
- ☐ Please keep this response private
- ☐ I'm okay with part of this response being shared (write which part in "other")
- ☐ Other: \_\_\_\_\_

22. **6. How do you like to receive praise or recognition for your work?**

*(Public shout-outs, one-on-one feedback, group acknowledgments, etc.)*

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23. Please indicate your comfort level with sharing this response:

*Check all that apply.*

- ☐ I'm okay with this response being shared
- ☐ Please keep this response private
- ☐ I'm okay with part of this response being shared (write which part in "other")
- ☐ Other: \_\_\_\_\_

24. **7. What do you find helpful when beginning a new creative process or project?**

*Check all that apply.*

- ☐ Discussing concept and narrative
- ☐ Improv exercises
- ☐ Team-building activities
- ☐ Overview of timeline
- ☐ Goal-setting
- ☐ Jumping straight into choreography
- ☐ Other: \_\_\_\_\_

25. Please indicate your comfort level with sharing this response:

*Check all that apply.*

- ☐ I'm okay with this response being shared
- ☐ Please keep this response private
- ☐ I'm okay with part of this response being shared (write which part in "other")
- ☐ Other: \_\_\_\_\_

26. **8. What rehearsal structure helps you do your best work?**

*(Do you prefer fewer, longer rehearsals or shorter, more frequent ones? Do you focus best early in the process, or do you need time to settle in before absorbing new material?)*

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27. Please indicate your comfort level with sharing this response:

*Check all that apply.*

- ☐ I'm okay with this response being shared
- ☐ Please keep this response private
- ☐ I'm okay with part of this response being shared (write which part in "other")
- ☐ Other: \_\_\_\_\_

28. **9. Are there any physical, emotional, or social boundaries you would like your fellow dancers to know about? And, if those boundaries are being crossed, how you want to address it?**

*(Do you want a director to step in if they notice it being crossed, do you want to handle it yourself, etc).*

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29. Please indicate your comfort level with sharing this response:

*Check all that apply.*

- ☐ I'm okay with this response being shared
- ☐ Please keep this response private
- ☐ I'm okay with part of this response being shared (write which part in "other")
- ☐ Other: \_\_\_\_\_

Thank you!

Please enter the amount of time it took you to complete the form so that you can be paid

30. Time spent on form: \*

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