

PPGH Protégé Application Form

Contact Information

NAME:		COMPANY NAME:	
ADDRESS:		PHONE - OFFICE:	
WEBSITE: (if applicable)		PHONE - CELL:	
		EMAIL:	

Industry Experience

CURRENT EMPLOYMENT:			
PLEASE CHECK BEST DESCRIPTION(S) FOR ABOVE EMPLOYMENT:	<input type="radio"/> Owner <input type="radio"/> Photographer <input type="radio"/> Videographer <input type="radio"/> Retired/Sabbatical <input type="radio"/> Manager <input type="radio"/> Designer <input type="radio"/> Sales <input type="radio"/> Exploring New Opportunities <input type="radio"/> Other	YEARS IN THIS CAPACITY:	
PREVIOUS EXPERIENCE:			
TYPE OF PHOTOGRAPHY: (check all that apply)	<input type="radio"/> Wedding <input type="radio"/> Portrait <input type="radio"/> Sports <input type="radio"/> Events <input type="radio"/> Family <input type="radio"/> Child <input type="radio"/> Seniors <input type="radio"/> Other		
STYLE OF PHOTOGRAPHY: (check all that apply)	<input type="radio"/> Traditional <input type="radio"/> Classic <input type="radio"/> Contemporary <input type="radio"/> Natural Light <input type="radio"/> Lifestyle <input type="radio"/> Still Developing <input type="radio"/> Other		

Guild Experience

YEAR JOINED:		CURRENT MEMBER? (REQUIRED)	
OFFICES HELD/ COMMITTEE WORK/ PRINT COMPETITION/ OTHER:		OTHER INFORMATION YOU WISH TO SHARE:	

Areas to be Developed

(Categories shown below are meant to trigger ideas. Please check all that apply and add additional info as needed.)

General Photography Knowledge

- Camera Equipment and Usage Lighting Equipment and Usage Posing Work Flow/Technology
 Composition History Other

Business

- General Business Networking/Social Media Management/Staffing/Hiring/Firing
 Pricing/Financial/Accounting Sales/Marketing/Advertising Time Management/Organizational Skills
 Studio Space/Real Estate/Leasing/Planning Other
-

Complementary Art Experience

- Art School
 Art History
 Design (Interior/Graphic/Fashion)
 Sculpture/Painting/Mixed Media/Other Media
 Exhibits/Teaching/Other
-

PPA/SWPPA/TPPA/Local Guild/or Other Association Knowledge

- Print Competition
 Training/Speaking
 Leadership Skills
 Other
-

The Client Experience

- Dealing with Difficulties
 Consultations
 People Skills
 Planning
 Checklists
 Other
-

Protégé Objectives

Reasons You Wish to Participate

- To Grow Professionally
 To Increase Technical Knowledge/Skills
 Connect/Network with Others in Industry
 Elevate Industry and Competition
 Future Business Partners
 To Return to Industry and Learn Current Trends
 Other _____
-

Logistical Considerations to Facilitate Your Meetings

GEOGRAPHICAL RESTRICTIONS: (e.g. If you do not wish to travel across town vs. willing to go wherever to get skills you desire)			
TYPE OF MEETINGS YOU PREFER:	<input type="radio"/> Lunch Meetings <input type="radio"/> Drinks in the Evenings <input type="radio"/> Hands-On practical training on-location/in-studio/other <input type="radio"/> Assist during sessions <input type="radio"/> Phone Calls <input type="radio"/> Other	RELATIONSHIP WITH MENTOR: (e.g. breadth (many short meetings with a variety of mentors) vs. depth (longer term development--do you have any expectations to how long you would like to work with your mentor?))	
HOURS PER MONTH YOU ARE WILLING TO COMMIT:		PLEASE NOTE ANY TIMES OF YEAR THAT WILL BE DIFFICULT TO COMMIT, IF ANY:	
OTHER CONSIDERATIONS? (e.g. work around children's schedules, etc.)			
SKILLS YOU MIGHT OFFER YOUR MENTOR: (Mentors can learn from their Protégés. What do you feel are your strengths that a potential mentor could gain from their interaction with you?)		SPECIFIC MENTOR REQUESTS: (We cannot guarantee the availability of any specific mentor. However, if you were able to choose your mentor(s), please list their names and what you would expect to gain from working with them.)	

Additional Information

Please add any information we may not have addressed above that you feel will help in matching you with an appropriate mentor.
