

Washington State University, College of Veterinary Medicine

Simulated Client Audition Form

Full Name:			Date:
Address:	City:	State:	Zip:
Phone:	Cell:	Email:	

Actor Description: Please be sure to submit a **current color** headshot or individual photo of yourself with this application.

Gender: M or F (circle one)	Age:	Height: ___'___"	Profession:
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Previous Acting/Theatre/Simulation/Performance Experience:

Resume Attached

(Additional space is provided on pg. 3 if required)

Year	Play/Show Name	Role(s)	Organization/School

Applicable Formal Training: (Additional space is provided on pg. 3 if required)

Type	Years	Organization/School

Animal Familiarity: Please use the space below to describe your experience with animals – i.e., current pet owner (elaborate), raised on a dairy, etc.

Work Availability: [Note: WSU employs only U.S. citizens and lawfully authorized non-U.S. citizens. Finalists will be subject to a pre-employment background check as a condition of their employment.]

Do you have reliable/available transportation? NO YES

Do you have any inflexible standing weekly commitments? If YES, please list below. NO YES

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Simulated Client Audition Form Continued...

Interest in Simulated Client Work:

How did you hear about this clinical communication acting opportunity?

What interests you about being a simulated client for WSU VetMed?

Is there anything else you feel we ought to know about you?

Simulated clients must be A) cooperative, B) dependable, C) willing to accept and incorporate direction, D) capable of providing objective constructive feedback, and E) committed to growth – for themselves, the Clinical Communication Program and our students. Do you anticipate any difficulties satisfying these standards? NO If YES, please explain.

References: Please provide preferred methods of contact for two individuals (non-family members) who can speak to your abilities as a performer and work ethic. Suitable references may include, but are not limited to, an acting teacher/coach, former director, vocal instructor, etc.

Name:	Email:	Phone:
Relationship:		
Name:	Email:	Phone:
Relationship:		

Please return your completed application to:
Daniel Haley
PO Box 647010
Pullman, WA 99164-647010
dlhaley@vetmed.wsu.edu

Thank you for applying!

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Simulated Client Audition Form Continued...

If you would like to include additional performance credits and/or relevant formal training experiences please use the spaces provided below. If, however, you are satisfied with your entries on pg. 1 of this application OR have an attached resume that lists your additional credits/experiences, please leave this page blank.

Previous Acting/Theatre/Simulation/Performance Experience Continued:

Year	Play/Show Name	Role(s)	Organization/School

Applicable Formal Training Continued:

Type	Years	Organization/School