

# The City of North Ridgeville Parks & Recreation

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## Program Proposal Form

Please type or print your class description in the space below. Save a copy of the completed form for your records. To meet the publication deadline please submit the form the deadline date listed:

To be considered for Fall: July 1

To be considered for Winter: October 1

To be considered for Spring/Summer: March 1

Class Title:

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Class Description:

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Ages: minimum \_\_\_\_\_ maximum \_\_\_\_\_ Length of Session: \_\_\_\_\_ (# of weeks)

Class Size: minimum \_\_\_\_\_ maximum \_\_\_\_\_ Length of Class: \_\_\_\_\_ min. /hr.

No. of days a week: \_\_\_\_\_ Class Fee: \$ \_\_\_\_\_ Material Fee: (if any) \$ \_\_\_\_\_

Contract instructors receive 70% of the class fee

Material fees are to cover the direct cost of materials being given to the participants

Equipment Needed by Instructor: \_\_\_\_\_

Participants should bring: \_\_\_\_\_

Instructor Name: \_\_\_\_\_

Home: (    ) \_\_\_\_\_ Cell: (    ) \_\_\_\_\_ Work: (    ) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### INSTRUCTOR AVAILABILITY (please let us know when you are available):

Day:	Availability (check if available):
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

**WORK EXPERIENCE / VOLUNTEER HISTORY:**

Employer: \_\_\_\_\_

Position: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Employed From: month \_\_\_\_\_ /year \_\_\_\_\_ to month \_\_\_\_\_ / year \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_

Position: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Employed From: month \_\_\_\_\_ /year \_\_\_\_\_ to month \_\_\_\_\_ / year \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**REFERENCES:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**EDUCATION:**

High School Name: \_\_\_\_\_ Highest Level Completed: \_\_\_\_\_

College(s): \_\_\_\_\_ Highest Level Completed: \_\_\_\_\_

Attended From: \_\_\_\_\_ to: \_\_\_\_\_ Graduated: \_\_\_\_ Yes or \_\_\_\_ No

Attended From: \_\_\_\_\_ to: \_\_\_\_\_ Graduated: \_\_\_\_ Yes or \_\_\_\_ No

**CERTIFICATES / TRAINING:**

\_\_\_\_\_  
\_\_\_\_\_

**OTHER:**

\_\_\_\_\_  
\_\_\_\_\_

Are you over 18 years of age? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_