New Instructor Class Proposal
Campbell Recreation & Community Services Department

Before completing this application, review our Activity Guide at www.campbellca.gov/230 to see the types of activities offered by Campbell Recreation. Should your class proposal be a match with our needs, y*ou will be contacted by a Recreation Supervisor. Completion of this information form does not imply a contract. Therefore, no guarantees are made for the proposed class to be offered by the City of Campbell Recreation & Community Services Department.*

Name: _____
Address: _____
City & Zip: _____
Home #: _____
Cell #: _____
Work #: _____
Email: _____

Proposed class(es): _____
_____
_____
_____
Organization: _____
_____
Website: _____

Schedule

Proposed meeting days: Mon. Tues. Wed. Thurs. Fri. Sat. Sun.

Time: From: _____ To: _____

Total # of weeks class will meet: _____

Facility and Equipment

Type of room or facility needed: Classroom Gym Field Dance Studio Weight Room

Room/Facility Amenities Required (please circle all that apply):

Water/Sink Stove/Oven Chairs Tables Whiteboard Projector
Natural Lighting Equipment Storage Specific Flooring: _____

Is there a materials/lab fee? Yes No

If "yes", how much is the fee? $_____

If yes, what does the materials/lab fee cover?

Is there special clothing or materials required of the student in order to participate? Yes No

If yes, please describe:

If "Yes", what is the estimated cost per student to obtain these items? $_____

Participants

Minimum # of participants: _____ Maximum # of participants: _____

Age level of students: Age _____ to _____

Is there a specific skill level you prefer to teach? Yes No

If "Yes", indicate which level: Beginner Some Experience Advanced Expert

Proposed Class Overview

Class(es) Description:

Please describe the goals you would like participants to achieve by attending class.

Qualifications

Outline your education, background, experience, and certifications that qualify you to teach this class (attach copies of certifications, resume, and/or bio):

Where have you previously taught this class and where are you currently teaching?

Advertising and Marketing (how do you plan to promote the class to get participants to sign up):

Please list two (2) references/supervisors who are familiar with your abilities to teach this class:

Name _____ Name _____

Title _____ Title _____

Organization _____ Organization _____

Phone _____ Phone _____

Email _____ Email _____

I hereby certify that all statements on this application are true and give my permission for any necessary verification.

Name (please print) _____

Signature _____ Date _____