



# ORANGEVALE RECREATION & PARK DISTRICT

6826 Hazel Avenue • Orangevale, CA 95662

(916) 988-6140 • FAX (916) 988-3496

## Special Class Proposal

### INSTRUCTOR INFORMATION

Instructor's Name: \_\_\_\_\_

Business/Organization Name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (Zip Code)

Home/Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Social Security #

OR Fed Business ID #: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Of the personal information provided **Circle** what is permitted share with class participants:

Home Phone      Cell Phone      Email

### INSTRUCTOR QUALIFICATIONS

**Education** – List any College, Trade, Technical, or Specialty schools attended.

School Name/Location	Dates Attended	Course of Study	Degree/# of Units

**Work Experience** – List any work experience applicable to the proposed class

Employer Name	Phone	Job Title	Dates of Employment

**Experience, Training or Expertise** – List any experience training or expertise applicable to the proposed class. Include any certificates or licenses obtained.

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**References** - Please list two references, whom you have known for at least three years.

	Occupation	Relationship	Yrs Known	Phone
Name:				
Address:				
City/Zip:				
Name:				
Address:				
City/Zip:				

**CLASS INFORMATION**

Class Title: \_\_\_\_\_

Description of Class: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

1<sup>st</sup> Choice

2<sup>nd</sup> Choice

Proposed class day: \_\_\_\_\_

Proposed class time: \_\_\_\_\_

Number of weeks (duration of class session): \_\_\_\_\_

Please circle the time frame in which you would like to begin your class(es):

Winter/Spring (Jan. – May)

Summer (May – Sept.)

Fall (Sept.- Dec.)

Proposed session dates:

Session one - from \_\_\_\_\_ to \_\_\_\_\_

Session two - from \_\_\_\_\_ to \_\_\_\_\_

Session three - from \_\_\_\_\_ to \_\_\_\_\_

Age of Students: Minimum \_\_\_\_\_ Maximum \_\_\_\_\_

Number of Students: Minimum \_\_\_\_\_ Maximum \_\_\_\_\_

Proposed class fee: \$ \_\_\_\_\_

**Supplies**

Do the participants need supplies for the class? Y N

If yes, please list below: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is the approximate cost of the supplies? \$ \_\_\_\_\_

Who will provide the supplies? < > Instructor < > Student

If the instructor is providing supplies (check one):

- < > the cost of supplies will be included in the class fee
- < > an additional materials fee of \$ \_\_\_\_\_ will be collected by the instructor at class

**Special Instructions**

- If prospective students have questions about the content of your class that our staff cannot answer, do you want us to:
  - < > Give the student your phone number so that they may contact you directly.
  - < > Have staff call you with the students name and number so you may contact them.
- Can students join the class after the first class? Y N
- Up to what week can students still join the class? \_\_\_\_\_
- If so, are you willing to pro-rate the fee to reflect actual # of classes remaining? Y\_\_\_ N
- Make instructor checks payable to: \_\_\_\_\_ Instructor \_\_\_\_\_ Business
- Requested instructor percentage: \_\_\_\_\_

**Facility/Equipment/Set-up**

Type of facility/equipment needed:

- < > Gym < > Classroom < > Outdoor area (describe) \_\_\_\_\_
- < > Kitchen area < > Sink only < > TV/VCR
- < > Tables (8' long) # \_\_\_\_\_ < > Chairs (folding): # \_\_\_\_\_

Please draw a diagram below of how the classroom should be set.

## CLASS OUTLINE

Please briefly describe what will be taught each class session. Use only the number of class weeks necessary for your class. If you prefer, you may attach a class syllabus.

Class 1: \_\_\_\_\_

Class 2: \_\_\_\_\_

Class 3: \_\_\_\_\_

Class 4: \_\_\_\_\_

Class 5: \_\_\_\_\_

Class 6: \_\_\_\_\_

Class 7: \_\_\_\_\_

Class 8: \_\_\_\_\_

## COMMENTS

Use this area for any special information or comments regarding this class proposal.

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