



Independent Instructor Program Proposal

Rec@CityofGilroy.org | 7351 Rosanna Street, Gilroy, CA 95020 | (408) 846-0460

Instructor Name _____

Business Name (if applicable) _____

Business/Home Address _____

Cellular Phone #: _____ Other Phone # (if applicable) _____

Email _____

Website (if applicable) _____

Class(es) Title	Minimum/ Maximum #

I. Class Description(s)(attach another sheet if necessary):

Proposed Program Fee(s): _____

A material fee of \$_____ is due to the instructor on the first day of class (if applicable).

Materials included with material fee: _____

II. Proposed day(s) of your class/activity to meet (check all that apply):

Class Title	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.

III. Proposed actual time(s) designated for your class:

Class Title	Prep	Actual Class Time	Clean-up

IV. Proposed participant age range, number of meetings and location:

Class Title	Participant Age Range	# of Sessions (e.g., 1 day or 5 weeks)	Facility Location (City facility or your business location)

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V. How do you plan to advertise and promote your class in addition to it being included in the Activity Guide?

VI. Indicate your background, experiences, and certifications as it relates to the classes you propose to teach (please attach copies of certifications, resume, etc.).

VII. Please list two references from people who can attest to your abilities to teach this class.

Name	Title	Daytime Phone	Email

VIII. Convictions- Have you ever been convicted of a felony, misdemeanor, plead no contest OR been on parole or probation? If yes, indicate all convictions since your 18th birthday?

(A "yes" answer will not automatically disqualify you from appointment.)

Yes No

If yes, please explain: _____

After review of the information you have provided and your References have been checked, you will be contacted by a member of the Recreation Department staff. Completion of this informational form does not imply a contract. Therefore, no guarantees are made for the proposed class to be offered by the City of Gilroy Recreation Department. I hereby certify that all statements on this application are true and give my permission for any necessary verification.

Signature

Date