



# Class Proposal Form

The Irwindale Recreation Department is always looking for new and creative classes to offer the community. If you are an instructor interested in offering a class to our patrons, please complete the application below. Attach a resume and copy or required certification and mail to:

Irwindale Parks and Recreation Department  
5050 N. Irwindale Ave  
Irwindale, CA 91706

## **Instructor Information:**

Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

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

## **Education:**

High School: \_\_\_\_\_ Graduated: Yes No

College(s): \_\_\_\_\_ Graduated: Yes No

Degree: \_\_\_\_\_ Years Attended: \_\_\_\_\_

College(s): \_\_\_\_\_ Graduated: Yes No

Degree: \_\_\_\_\_ Years Attended: \_\_\_\_\_

Awards/Certificates/Training: \_\_\_\_\_

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

## **Class Information:**

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

Description: \_\_\_\_\_

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

Objectives: \_\_\_\_\_

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

Learning Outcomes (what will the participant gain): \_\_\_\_\_

Please list a brief description (2-4 sentences) that can be used to promote your class in our marketing material: \_\_\_\_\_

Class Length \_\_\_\_\_ hr / min (circle one)                      Class meets: \_\_\_\_\_ times per week

Desired Class Days and times:

1st Choice: Mon    Tues    Wed    Thurs    Fri    Sat                      Time: \_\_\_\_\_ am/pm

2nd Choice: Mon    Tues    Wed    Thurs    Fri    Sat                      Time: \_\_\_\_\_ am/pm

Maximum # of students per class: \_\_\_\_\_                      Age of Students: \_\_\_\_\_

Supplies or materials participants need: \_\_\_\_\_

Material/supply fee that the students must pay (if applicable): \$ \_\_\_\_\_

Classroom needs: (tables, chairs, etc) \_\_\_\_\_

**Questionnaire**

1. Experience/background as it relates to your proposed class. Please include any degrees, certifications and years of experience:

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

2. Experience in working with the public (either paid or volunteer):

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

3. References:

1. \_\_\_\_\_  
Name Relationship Address Phone #

2.. \_\_\_\_\_  
Name Relationship Address Phone #

3. \_\_\_\_\_  
Name Relationship Address Phone #

All instructors teaching classes to minors are required to be fingerprinted. Some instructors may be required to provide liability insurance.

The City of Irwindale will ONLY provide the space for instruction, all class materials/supplies must be provided by the instructor.

If your proposal has potential for meeting our program needs, we will contact you to set up an "in person" meeting. We thank you in advance for your interest.

**Instructor Acknowledgment**

I acknowledge that I have read, accept and understand the information and conditions that involve either myself or the company I represent as a potential instructor with the City of Irwindale Recreation Department.

\_\_\_\_\_  
Signature Date

**OFFICE USE ONLY**

Date Received: \_\_\_\_\_ In Person Meeting: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_