



City of Covina
 Parks & Recreation Department
 Leisure Lifestyle Classes
 1250 N. Hollenbeck Avenue, Covina CA 91722
 (626) 384-5340 FAX (626) 384-5346

2014 CLASS PROPOSAL

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 form by the deadline dates listed:

Winter/Spring 2014, this form is due in the office by: October 6, 2013

Summer 2014, this form is due in the office by: March 3, 2014

Fall 2014, this form is due in the office by: June 16, 2014

Class Title: _____

Class Description: _____

Ages: minimum _____ maximum _____ Length of Session: _____ (# of weeks)

Length of Class: _____ min. /hr. _____ # of days per week

Class Fee: \$ _____ Material Fee: (if any) \$ _____

(Contract Instructors generally receive 70% of the class fee.)

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

Special Equipment Needed by Instructor: _____

Participants should bring: _____

Class Size Minimum: _____ Class Size Maximum: _____

Instructor Name: _____

Phone: Work: _____ Home: _____

Cell: _____ FAX: _____

Address: _____

City: _____ Zip Code _____

E-mail address: _____

Instructor Availability- Please let us know when you are available to teach the class.

DAY	TIMES AVAILABLE	DAY	TIMES AVAILABLE
MONDAY		FRIDAY	
TUESDAY		SATURDAY	
WEDNESDAY		SUNDAY	
THURSDAY			

Work Experience/Volunteer History

Present Employer: _____

Position: _____

Address: _____

Contact Person: _____ Tel. #: _____

Employed From: month _____/year _____ To: month _____/year _____

Reason for Leaving: _____

Past Employer: _____

Position: _____

Address: _____

Contact Person: _____ Tel. #: _____

Employed From: month _____/year _____ To: month _____/year _____

Reason for Leaving: _____

References

Name: _____

Address: _____

Tel. #: _____ Relationship: _____

Name: _____

Address: _____

Tel. #: _____ Relationship: _____

Name: _____

Address: _____

Tel. #: _____ Relationship: _____

Education

High school: _____ Graduated yes/no

College(s): _____ Graduated yes/no

Attended from: _____ to: _____

_____ Graduated yes/no

Attended from: _____ to: _____

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 _____

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