

# Town of North Salem Recreation Department

## Program Proposal Form

### Instructor Information

Instructor's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last First M.I. For background check

Business/Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

\_\_\_\_\_  
City State ZIP Code

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Web Address: \_\_\_\_\_ Checks should be made payable to: Instructor  Business/ Organization

### Current Licenses, Certifications, or Registrations. *Please attach a current copy.*

1. \_\_\_\_\_ Date Received: \_\_\_\_\_
2. \_\_\_\_\_ Date Received: \_\_\_\_\_
3. \_\_\_\_\_ Date Received: \_\_\_\_\_

### Instructor Bio

Experience, training, etc. Please attach a current resume.

### References

Name	Phone Number	Email Address	Relationship to Instructor
1.			
2.			

## Course Information

Please select the Session Dates you are interested in teaching this course:

Year Round <input type="checkbox"/>	Spring March - June <input type="checkbox"/>	Summer July - August <input type="checkbox"/>	Fall Sept - Nov <input type="checkbox"/>	Winter Dec - Feb <input type="checkbox"/>	Other:
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Class session length:	1 day <input type="checkbox"/>	2 days <input type="checkbox"/>	5 weeks <input type="checkbox"/>	6 weeks <input type="checkbox"/>	8 weeks <input type="checkbox"/>	Other:
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Class frequency:	Once a week <input type="checkbox"/>	Twice a week <input type="checkbox"/>	3 times a week <input type="checkbox"/>	Other:
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Preferred dates and times:

Course Title:

Detailed Course Description (lesson plans, outlines, etc.):

Course Objectives:

Participant Outcomes (What are the benefits of taking the course? What will be learned?):

Program Write-up (Please describe the class in no more than five sentences for use in our program flyers and newsletters):

Participant Target Age Group:

Cost: \$ \_\_\_\_\_

Per participant <input type="checkbox"/>	Per session <input type="checkbox"/>	Other: _____
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Minimum number of participants:  Maximum number of participants:

*All supply costs are to be included in the above cost.*

Are there any supplies that need to be provided by the participants and/or the North Salem Recreation Department?

No <input type="checkbox"/>	Yes <input type="checkbox"/>	Describe:
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Facility type/needs:

Desired location(s):

**All approved programs will require the instructor to provide a Certificate of Insurance naming the Town of North Salem as additionally insured.**

**Registration will be handled by the North Salem Recreation Department and all fees will be paid to the department by participants. Submission of this form does not guarantee approval of the course, location, or dates/times. This form should be submitted one month prior to the program start date. There is no exclusivity to instructors or the programs they teach. The North Salem Recreation Department will issue payment to instructors after receipt of services and submission of a valid invoice. Instructor will receive payment based on enrollment minus any refunds provided.**

**Community facility use is a privilege granted to the North Salem Recreation Department by local organizations and is therefore not guaranteed. Cancellations may occur due to facility availability. All efforts will be made to secure an alternate location. In the event of a cancellation, instructors will not be paid for missed classes if they do not offer an appropriate makeup class.**

**Disclaimer and Signature**

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

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