



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



2017 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 2017, this form is due in the office by: October 3, 2016

Summer 2017, this form is due in the office by: February 27, 2017

Fall 2017, this form is due in the office by: May 15, 2017

Class Title: _____

Class Description: _____

Ages: minimum _____ maximum _____ Length of Session: _____ (# of weeks)
 Class Size Minimum: _____ Class Size Maximum: _____
 Length of Class: _____ min. /hr. _____ # of days per week
 Session 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: _____

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			

All Instructors are Independent Contractors, and not employees of the City of Covina.

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.

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