

**MCKINLEYVILLE COMMUNITY SERVICES DISTRICT**  
**Parks and Recreation Department**  
**LEISURE SERVICES INSTRUCTOR INFORMATION FORM**

**Instructor Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City, State Zip:** \_\_\_\_\_

**Phone:** (h) \_\_\_\_\_ (w) \_\_\_\_\_ (Other) \_\_\_\_\_

**Driver's License #:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**About the Instructor:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Work History** (list previous classes you have taught professionally or under contract)

<u>Class Title</u>	<u>Dates</u>	<u>Agency</u>	<u>Contact/Phone</u>
--------------------	--------------	---------------	----------------------

--	--	--	--

--	--	--	--

--	--	--	--

--	--	--	--

**Job Related References**

<u>Name</u>	<u>Address</u>	<u>Phone</u>
-------------	----------------	--------------

--	--	--

--	--	--

--	--	--

**Please attach a resume and any other pertinent information about the proposed program (i.e., course outline, sample brochure, etc).**

**Are you currently certified for CPR (adult)?**    Yes    No    If yes, attach copy of certification.

**Are you currently certified for CPR (child)?**    Yes    No    If yes, attach copy of certification.

**Are you currently certified for First Aid?**    Yes    No    If yes, attach copy of certification.

**Have you received certification of a negative TB test result within the past two years?**    Yes    No

Note: A negative TB test result within the past two years is required for all instructors working with participants age 18 years and younger.

**Are you willing to comply with our requirement that all persons working with participants age 18 years and younger receive a fingerprint clearance from the Department of Justice?**    Yes    No

**In the event of an emergency, who would you like us to contact:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State Zip:** \_\_\_\_\_

**Phone:** (h) \_\_\_\_\_ (w) \_\_\_\_\_ (Other) \_\_\_\_\_

**MCKINLEYVILLE COMMUNITY SERVICES DISTRICT**  
**Parks and Recreation Department**  
**LEISURE SERVICES PROGRAM PROPOSAL APPLICATION**

**Program Title:**\_\_\_\_\_

**Program Objectives:**\_\_\_\_\_

\_\_\_\_\_

**Program Description:**\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Day(s):** M    Tu    W    Th    F    Sa    Su

**Preferred Location:**    ☐ Activity Center                      ☐ MCSD Conference Room  
☐ Azalea Hall- Kitchen only    ☐ Azalea Hall- Hewitt Room    ☐ Azalea Hall- Senior Room

**Time:**    Set-Up\_\_\_\_\_    Program Time\_\_\_\_\_    Clean-Up\_\_\_\_\_

**Start Date:**\_\_\_\_\_    **End Date:**\_\_\_\_\_    **Number of Weeks:**\_\_\_\_\_    **Number of Classes:**\_\_\_\_\_

Will there be any class meetings cancelled during this time period?    Yes    No

If yes, list dates:\_\_\_\_\_

**Minimum Enrollment Required:**\_\_\_\_\_    **Maximum Enrollment Accepted:**\_\_\_\_\_

**Minimum Age of Participant Allowed:**\_\_\_\_\_    **Maximum Age of Participant Allowed:**\_\_\_\_\_

**Equipment:** Will special equipment be required to operate the class?    Yes    No  
In general, we can provide tables and chairs. Some facilities have specialized equipment, such as a kitchen and sports equipment.

**Supplies:** Are you providing all supplies participants need to take part in the program?    Yes    No  
If no, should students be charged a supply fee?    Yes    No    If yes, how much? \$\_\_\_\_\_

**Fee:** \$\_\_\_\_\_ per session  
If participants register after the first class, will you accept pro-rated registration fees (i.e., payment for 8 program days instead of 9)?    Yes    No

**Instructor Name:**\_\_\_\_\_

**Phone:** (h)\_\_\_\_\_ (w)\_\_\_\_\_ (Other)\_\_\_\_\_

**Is it okay to give out your home phone number to interested participants?**    Yes    No

*Proposal Applications must be accompanied by a Completed Leisure Services Instructor Information Form*