

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: McKinleyville 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 (turn over).

McKINLEYVILLE COMMUNITY SERVICES DISTRICT
Parks and Recreation Department
LEISURE SERVICES INSTRUCTOR INFORMATION FORM

Instructor Name: _____

Mailing Address: _____

City, State Zip: _____

Phone: (h) _____ (w) _____ (Other) _____

Email Address: _____

Driver's License #: _____ **Social Security Number:** _____ - _____ - _____

About the Instructor: _____

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

<i>Class Title</i>	<i>Dates</i>	<i>Agency</i>	<i>Contact/Phone</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Job Related References

<i>Name</i>	<i>Address</i>	<i>Phone</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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. If yes, attach copy of test results.

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) _____