



CARLISLE PARKS AND RECREATION DEPARTMENT

**STUART COMMUNITY CENTER
415 FRANKLIN STREET
CARLISLE, PA 17013**

PROGRAM PROPOSAL FORM

Personal Information

Program Instructor(s): _____

Company/Business Name (if applicable): _____

Mailing Address: _____

City, State, Zip: _____

Home Phone: _____ Cell: _____

Work Phone: _____ E-mail: _____

Tax I. D. #: _____ OR Social Security #: _____ - _____ - _____

Program Description

Suitable for ages: *(check all that apply)*

Program Type:	Ages 2-5	Elementary	Middle School	High School	Adult	55+
Arts and Crafts						
Education						
Health and Fitness						
Seminar						
Other						

Program title: _____

General course description: _____

Please provide an outline or lesson plan for the course on a separate piece of paper.

Goals of the program: _____

Availability/ Day(s) of the week: _____

Time (i.e. 7:00-9:00 p.m.): _____

Dates of the program: _____

Length of the program (# of classes/weeks): _____

Type of room/space needed (room/gym/green space, etc.): _____

Any materials needed by the participants: _____

Instructor supplies: _____

of participants to run the program: Min: _____ Max: _____



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PROGRAM PROPOSAL FORM (cont'd)

Preferred instructor fee: \$ _____

Contract is a 70/30 split, negotiated with the Recreation Manager and/or Recreation Assistant.

Instructor Qualifications (you may attach a resume or Carlisle Borough employment application)

- *All contracted instructors must provide a new FBI Fingerprint Clearance prior to the start of class.*
- *In addition to the FBI Clearance, if you are instructing a program dealing with minors (children 17 years or younger), you must submit a new PA Criminal Background Check, and PA Child Abuse History Clearance prior to the start of the class. You will also need to complete the Mandated Reporter Training on child abuse.*
- *All contracted instructors will be required to complete a W-9 federal document.*

Have you taught this program before? _____ If so, where? _____

Experience/Knowledge of Topic: _____

References: *Please include at least three references (two professional and one personal)*

Name	Relationship	Years Known	Contact Number
1.			
2.			
3.			

Additional comments/remarks:

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed; falsified statements on this form shall be grounds for dismissal.

Signature

Date

To submit form email, fax, mail or drop off.