



**Town of Farmville
Recreation Department
Program Proposal Form**



Application Deadlines:

Fall Session: May 1, Winter Session: August 1, Spring Session: Nov. 1, Summer Session: Feb 1

Application Information

Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Fax: _____

Email: _____ Website: _____

Instructor Qualifications

Please list your educational/training or personal/professional experience and expertise that qualify you for the instructor position. List additional relevant information on a separate piece of paper.

Educational/Training Institution: Location: Major Degree/Credits

1. _____

2. _____

Employer: Dates of Employment: Job Title: Contact Name & Phone#:

1. _____

2. _____

Personal Experience:

Have you ever been convicted of a felony or misdemeanor other than a minor traffic violation? _____

If yes, please submit a written explanation of the offense. (A conviction is not an automatic bar to contract employment.)

References

List two references (1 personal, 1 professional) that you have know for at least three (3) years.

Name: _____ Relationship: _____

Address: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

Signature: _____ Date: _____

Proposed Program Information

Describe proposed class information here. The information you provide may be rearranged with you to best serve the community, coincide with facility availability, and serve the objectives of the Recreation Department.

Program Title: _____ Age Group: _____

Program Description (summarize course objective in 50 words or less):

Program Fee: \$ _____

Materials Required: ___ Yes ___ No

Materials Fee: \$ _____

Materials provided by: ___ Student ___ Teacher

What materials are needed: _____

Student Ratio: Minimum #: _____

Maximum #: _____

Type of Facility: _____

Program Days & Times:

1st Choice: Day(s) Su M T W Th F Sa Duration (time): _____ Duration (Weeks): _____

2nd Choice: Day(s) Su M T W Th F Sa Duration (time): _____ Duration (Weeks): _____

3rd Choice: Day(s) Su M T W Th F Sa Duration (time): _____ Duration (Weeks): _____

Program Room Set-up:

Use the space below to draw or describe how the room will be set-up (example classroom style, Horseshoe style, Lecture Style or banquet Style). Also list any special accommodations you may require for your program.

Program Description:
(Use only the week's necessary)

Week 1: _____

Week 2: _____

Week 3: _____

Week 4: _____

Week 5: _____

Week 6: _____

Week 7: _____

Week 8: _____

Week 9: _____

Week 10: _____

Week 11: _____

Week 12: _____

