



# Town of Florence Recreation Division Special Interest Program Proposal

Last Name:	First Name:
Address:	
Home Phone:	Work Phone:
Cell Phone:	E-mail:

Title of Class or Activity: \_\_\_\_\_

Brief Description of Class:

Minimum # of Participants: \_\_\_\_\_ Maximum # of Participants: \_\_\_\_\_ Age of Participants: \_\_\_\_\_

List the dates, days of the week and times you are interested in teaching classes:

What is the fee you would like to receive per student (including materials)? \_\_\_\_\_

Materials needed for the class: (Please note whether Parks & Rec, Student, or Instructor to provide):

Please list your experience with this activity both teaching and participating (*attach copies of any certification*)

Have you ever been convicted of a felony or do you have a felony charge currently pending? YES  NO

If yes, give details including charges, dates and locations. (A conviction will not necessarily disqualify an applicant from the position applied for.):

Please list three references that we can contact regarding your work experience:

1.)	Phone:
2.)	Phone:
3.)	Phone:

Instructor Signature \_\_\_\_\_ Date \_\_\_\_\_

Thank you for your interest in increasing the quality of life for our community. We will review your proposal and follow up with you. Contracted instructors typically receive an 80/20 split per class.

Office Use Only

Coordinator _____	Date _____
Superintendent _____	Date _____
Director _____	Date _____