Poulsbo Parks and Recreation Invites you to teach in our community!

There is an ongoing need for new instructors and new classes in our community. There is an abundance of talent in our neighborhoods, and teaching is a fun way to share with others. If you are interested in teaching a class, please fill out this course proposal form and instructor application. We can then go over the proposal together and talk about the details.

Thank you for your interest in the program. If you have any questions please call us at 360-779-9898.

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Course Proposal

Class Title: _________________________________________________________________

Target Age Group: ___________________________________________________________

Class Description (to be used for brochure/publicity):

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Deadlines for year upcoming brochures:

We currently publish two brochures a year: one covers the Spring-Summer quarters (deadline February 1); while the second one covers the Fall-Winter quarters (deadline July 1)
Fees

Instructor Fee Requested: (Instructors are usually employees; thus are paid an hourly rate):

________________________________________________________________________________________

Supply fee required? Yes____ No____
(typically paid to the instructor at the first class)

OR is there a supply list that will be available at registration? Yes_____ No _____

List includes (please attach list if possible):
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Schedule

Day/Dates/Time requested: ________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Room/Facility requested (Most are held in school district buildings; please specify which building you prefer):
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Room set up or special equipment needed?
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
Instructor Application

Name _________________________________________________________________ Date________

Address_____________________________________________________City_______ Zip_____

Phone (Day) ____________________________________ (Evening) _____________________________

Email _______________________________________________________________________________

Areas of expertise: _______________________________________________________________________________

______________________________________________________________________________________________

Personal / Professional References

1. Name __________________________________________________________ (Relationship) ______________
   Address __________________________________________City______________ State _____ Zip _______
   Phone (Day) ____________________________ (Evening) _____________________

2. Name __________________________________________________________ (Relationship) ______________
   Address __________________________________________City______________ State _____ Zip _______
   Phone (Day) ____________________________ (Evening) _____________________

3. Name __________________________________________________________ (Relationship) ______________
   Address __________________________________________City______________ State _____ Zip _______
   Phone (Day) ____________________________ (Evening) _____________________

City of Poulsbo Parks and Recreation
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360-779-9898
parksrec@cityofpoulsbo.com