

Dear Instructor Applicant:

Redding Recreation is interested in expanding and developing new recreation classes for youth and adults in our community. Thank you for inquiring about teaching a class for the City of Redding Community Services, Recreation Division. Enclosed is a Class Proposal packet to assist you in describing the class that you feel best qualified to instruct. Also included is an instructor General Information form, a Substitute IRS Form W-9, and a Request for Live Scan Service form (fingerprint request form).

When completed, submit this class information to the Recreation Division or call 225-4095 to discuss your idea. We are located at 1250 Parkview Avenue, north of Gene's Hamburger Drive In. The office is open Monday through Friday from 8:00 a.m. to 5:00 p.m.

Please contact us if you need additional information. We are looking forward to hearing from you.

Sincerely,

Recreation Supervisor

Enclosures

Upcoming Activity Guide Deadlines:

Seasons		Deadline
Spring	March-May	Jan. 1
Summer	June-August	April 1
Fall	September-November	July 1
Winter	December-February	October 1

CLASS PROPOSAL

Class Title		
Class Size: Min.	Max:	Target Age: <input type="checkbox"/> 0-5 <input type="checkbox"/> 6-8 <input type="checkbox"/> 9-12 <input type="checkbox"/> Teen <input type="checkbox"/> Teen
Proposed Instructor Fee:		
Schedule - Day(s):		
Day:	Time:	Dates:
Day:	Time:	Dates:
Day:	Time:	Dates:
List which of the 40 Developmental Assets will be incorporated in this class:		
Facility Needs: _____		
Student Notes or Materials Needed: _____		
Description of class meetings. Briefly list the sequence of a class session and activities to be presented. Use reverse side if necessary.		
Time:		
From _____ To _____		
From _____ To _____		
From _____ To _____		
From _____ To _____		

Instructor Signature

Telephone Number

Date



City of Redding, Community Services, Recreation Division
 1250 Parkview Avenue
 P.O. Box 496071
 Redding, CA 96049-6071
 Phone: (530) 225-4095 Fax: (530) 225-4585

Date: _____

Contracted Class Instructor

GENERAL INFORMATION

Name	Home Phone:	8 am-5 pm Phone:
Mailing Address	cell phone:	
City/Zip	e-mail	

EMERGENCY CONTACT INFORMATION

Name:	Home Phone:	8 am-5 pm Phone:
Mailing Address:		
City/Zip		

INSTRUCTOR INFORMATION

Do you possess any degree, license, permit, certificate, or other evidence of your qualifications? Yes No
 If yes, please describe:

Return this form to:

City of Redding Community Services
 Recreation Division
 PO Box 496071
 Redding, CA 96049-6071