

**APEX PARKS, RECREATION AND CULTURAL RESOURCES DEPT.
PROGRAM INSTRUCTOR APPLICATION AND PROPOSAL**

Name: _____ Date: _____
Last First MI

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

Email: _____ D.O.B.: _____ Driver's Lic. # & State Issued: _____

Phone (day): _____ (evening): _____ (cell): _____ Fax #: _____

SS#: _____ or Fed Tax ID #: _____

Record of Education:

High School: _____ Diploma?: _____ College: _____ Degree?: _____

Certifications / Other: _____

Course Title/Subject: _____ Participant Age Range: _____

Number of Classes/Session: _____ Number of Hours per Class: _____

Course to be offered? (CIRCLE ONE): Weekly Semi-Weekly Other: _____

Suggested Minimum Number of Students: _____ Suggested Maximum Number of Students: _____

Course Fee to be Paid by Student (Instructor receives 60% of this fee): _____

Days/Times you would be available to teach: _____

Course Description (To be printed in the Program Guide for publicity): _____

If this course needs supplies, students would need to purchase them from you. What supplies do you anticipate students needing? _____

How much do you anticipate the cost of supplies to be? _____

Is this fee included in the Course Fee above or would you rather collect a separate supply fee on the first day of class? _____

Apex Community Center can provide tables, chairs, TV/VCR, CD/DVD Player. You are responsible for transporting any other equipment needs. Any special equipment needs or other information our staff should be aware of? _____

Please list the qualifications that will enable you to teach this course: (Please attach resume if you have one): _____

Have you taught this course elsewhere? _____ If yes, please provide the following information:

<u>Location</u>	<u>Reference Name</u>	<u>Phone #</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever been convicted of a criminal offense? _____ If yes, list the nature of the offense, including date, location and disposition: _____

Have you ever had cause to register either nationally or locally as a sex offender? _____ Yes _____ No

Waiver: I, the above applicant, do hereby authorize and request the release of information and records to the Town of Apex, for the purpose of investigating my qualifications to work as a contracted program instructor. This authorization covers, but is not limited to, criminal records. I understand that the Town of Apex will use this information solely for evaluating my qualifications as a contracted program instructor. Note: This information must be completely filled out and returned to Apex Parks, Recreation and Cultural Resources prior to being hired as a contracted program instructor. Failure to provide complete and accurate information will exclude you from instructing.

Signed: _____ Date: _____

OFFICE USE: Verification: Date: _____ By: _____ Comments: _____

Please Return To: Laura Carraway, Program Supervisor: Apex Community Center
 PO Box 250 ~ Apex, NC 27502 Phone: (919) 249-3369 Fax: (919) 249-3368