

CLASS PROPOSAL FORM

Directions: Please complete the following information. Attach resume and copy of required certifications and return to:

West Sacramento Parks & Recreation Attention: Brandi Dionne 2801 Jefferson Blvd. West Sacramento, Ca 95691

Or email recreation@cityofwestsacramento.org

Pr	oposed Class Title:			
1.	Instructor Information			
Name:			Date:	
Ad	dress:			
		Email:		
A.	Applicant experience/background	ound in proposed program – Include relevant	certifications and years of experience:	
В.	Experience in working with the public (include paid and volunteer):			
C.	References:			
	Name	Relationship	Phone	
1.				
2.				
3.				
э.				

2. CLASS INFORMATION Proposal for (Class name) A. Detailed Class Description: B. Please list a one sentence description of your class that will appear in marketing material: C. Desired days of the week and time to conduct (if applicable): 1st choice of Day: ______ Time: _____ am or pm am or pm 2nd choice of Day: Time: am or pm am or pm D. Equipment needed: _____ **** If your proposal has potential for meeting our programming needs, you will be invited to conduct a demo with part of our team. If your program is accepted, you will be required to attend an orientation and complete all necessary paperwork before the program will be offered through the Department. Note: Contractors are required to have current CPR and Standard First Aid Certifications before program begins unless otherwise stated. Instructor pay varies pending experience: \$26-\$30 per class (45-65 min class) & \$13-\$15 per class (25-30 min class) **Instructor Acknowledgment** I acknowledge that I have read, accept, and understand the information and conditions that involve me or my company contracting as an Independent Contractor with the West Sacramento Parks & Recreation Department. For detailed information refer to the WSRC Instructor Handbook. Individual's Signature Date OFFICE USE ONLY Livescan complete W-9 & Agreement Date Received: ______ Reviewed by:_____ Comments: