

Recreation Division

815 Mission St., South Pasadena, CA 91030 Phone: **(626)** 403-7380 | Fax: **(626)** 799-4920

CLASS PROPOSAL APPLICATION

Please type your answers or print using ink. Once you've completed the application, please mail it to:

Attn: Recreation Class Organizer Community Services Department Orange Grove Recreation Center 815 Mission Street South Pasadena, CA 91030

We encourage you to attach any additional information to assist in our evaluations.

PERSONAL DATA							
LAST NAME		FIRST NAME				M.I.	
HOME ADDRESS		CITY		STATE	ZIP COD	E	
HOME PHONE	WORK PHONE SOCIAL S		SOCIAL SECU	ECURITY NO.			
EMAIL ADDDESS							
EMAIL ADDRESS							
CLASS INFORMATION							
CLASS TITLE							
CLASS DESCRIPTION (include skill level information)							
Number Offered per Session		Length (weeks)					
Day(s)		Time(s)					
Age Range		Min. – Max. Participants					
Initial Fee		Additional Fees (supplies, etc.)					
Will you require use of a City facility?				☐ Yes		lo	
Do you have insurance?				☐ Yes		lo	
Will you purchase insurance through the City?				☐ Yes		lo	
Do you have a supply list that can be supplied to students at registration? If yes, please attach.				☐ Yes	□ N	lo	

EXPERIENCE

List your experience related to the class(es) you have taught in the past, beginning with the most recent unless a résumé is attached.

AGENCY		CLASS(ES) TAUGHT			
ADDRESS	START DATE	DESCRIPTION OF CLASSES			
CITY, STATE, ZIP CODE	END DATE				
CITT, STATE, ZIF CODE	END DATE				
SUPERVISOR	PHONE	REASON FOR LEAVING			
AGENCY		CLASS(ES) TAUGHT			
ADDRESS	START DATE	DESCRIPTION OF CLASSES			
CITY, STATE, ZIP CODE	END DATE				
SUPERVISOR	PHONE	REASON FOR LEAVING			
SUPERVISOR	FHUNE	REASON FOR LEAVING			
Please describe specific training that would qualify you to teach this class.					
Please list certificates or licenses of professional or vocational competence you possess that relate to this class.					

AGREEMENT AND CERTIFICATE OF APPLICANTS

I certify that all statements made in this application and attachments are true and complete to the best of my knowledge. I authorize the City of South Pasadena to make investigations and inquiries that are limited to the requirements to teach this class. I hereby release employers, schools or persons from any liability in responding to inquiries in connection with my application. I understand that any false or misleading information given in my application will subject me to disqualification. I understand, that if selected, I would not serve as an employee of the City of South Pasadena, but would instead serve as an independent contractor and accept associated responsibilities.

By signing this agreement, I agree that I will instruct the class that I have mentioned and that it will be advertised through City of South Pasadena publications as such. If any changes are to be made, I take on the responsibility of contacting the correct people to make these changes, while giving a substantial amount of time for them to be made. Understanding that the City of South Pasadena does have timelines to abide by, I will respect those and do my best to stay within them. I understand that if the City of South Pasadena has advertised my class in City of South Pasadena publications, I am legally bound to instruct and hold the classes as previously agreed. If I do not, there will be serious consideration of myself not being an instructor again with the City of South Pasadena. Furthermore, I understand that it is my responsibility to be aware of important dates such as start and end dates and deadlines to turn any paperwork into the Recreation Division Office.

The City of South Pasadena Volunteer Policy requires that anyone teaching, instructing or caring for minors under 18 years of age must be fingerprinted by the South Pasadena Police Department. Volunteering or instructing may not begin until fingerprints have been cleared by the Department of Justice and the Federal Bureau of Investigation. Notification of clearance will be received by the South Pasadena Police Department.

SIGNATURE DATE