



### Program/Activity Instructor Proposal

**General Information:**

Thank you for your interest in instructing at the Medina Community Recreation Center (MCRC). We strive to provide a diverse offering of quality programs and activities for our patrons. In order to achieve that goal, we require a high level of professionalism from each of our instructors. Although we recognize that there may be several instructors that are capable of providing a service to our department, it is essential that the instructors we select meet our needs on a variety of different levels in order to provide a mutually beneficial working relationship.

**Proposal Submittal and Selection Information:**

There are several steps that may be required to be considered as an instructor with the MCRC. The first step is the completion and submittal of this form. Please keep in mind that this is only a proposal and does not guarantee that the MCRC will implement the proposed program or activity. Once this form is completed, it will be reviewed by our administrative staff and/or the Program Advisory Board. Factors that will be considered include, but are not limited to: patron demand for the program, cost effectiveness, and perceived benefit to the MCRC and community as a whole. If there are additional materials that you feel will help to better illustrate your program/services, please feel free to attach them to this proposal. In addition to this proposal, you may be required to interview with members of the administrative staff and/or the Program Advisory Board. If you are selected as an instructor, more detailed information will be discussed and an independent contractor agreement will be drafted. If you need any additional information, please call Nita Justice at 330-721-6937.

**Program/Activity Information:**

Program/Activity Name: \_\_\_\_\_

Please check the category this program best fits under:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Infant/Preschool Program | <input type="checkbox"/> Youth Program | <input type="checkbox"/> Senior Program  |
| <input type="checkbox"/> Adult Program            | <input type="checkbox"/> Sports        | <input type="checkbox"/> Special Event   |
| <input type="checkbox"/> Life Enrichment Program  | <input type="checkbox"/> Fitness       | <input type="checkbox"/> Health/Wellness |
| <input type="checkbox"/> Aquatics                 | <input type="checkbox"/> Other: _____  |  |

Program/Activity Description (attach additional information if necessary):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list the proposed benefits of a participant attending this program or activity:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list the proposed benefits of the MCRC offering this program or activity:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please check the best days for you to instruct this class:  
Mon.      Tues.      Wed.      Thurs.      Fri.      Sat.      Sun.

Please indicate the best times for you to instruct this class: \_\_\_\_\_

How long will this class last?  
# hours/min. for each class \_\_\_\_\_ # of classes \_\_\_\_\_ # of weeks \_\_\_\_\_

What age group is this program geared toward? Are there any age restrictions?  
\_\_\_\_\_

Are there any other participant requirements or restrictions?  
\_\_\_\_\_

**Cost Estimate:**

What is your flat fee for instruction or required minimum percentage of enrollment fees?  
\_\_\_\_\_

What is the typical cost of your class to the participant? \_\_\_\_\_

Minimum Class Enrollment \_\_\_\_\_ Maximum Class Enrollment \_\_\_\_\_

Are there any additional fees for this program for supplies, materials, etc.? Please specify.  
\_\_\_\_\_

**Instructor Information:**

Instructor Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone (W) \_\_\_\_\_  
\_\_\_\_\_ Phone (H) \_\_\_\_\_  
\_\_\_\_\_ Other \_\_\_\_\_

Do you carry current personal liability insurance?  Yes  No

If so, would you be willing to add the MCRC as "additional insured"?  Yes  No

Is this class affiliated with a business or another organization? If so, please describe.  
\_\_\_\_\_  
\_\_\_\_\_

**Education, Related Experience, and References:**

Please describe any education, experience, or certifications which qualify you as an instructor of this course (attach resume if necessary):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any institutions/organizations where you have taught this program or other programs and the approximate dates you have instructed these classes:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

References:

NAME	POSITION OR RELATION	PHONE

**OFFICE USE ONLY**

Parks & Recreation Director: \_\_\_\_\_  Approved  Not Approved

Notes: \_\_\_\_\_

Center Manager: \_\_\_\_\_  Approved  Not Approved

Notes: \_\_\_\_\_