

NEW CONTRACT CLASS PROPOSAL

Should your class proposal be a match with our needs; you will be contacted by an Olivette Parks & Recreation Department staff member. Completion of this information form does not imply a contract. Therefore, no guarantees are made for the proposed class to be offered by the City of Olivette Parks & Recreation Department.

If you have any questions, please call the Parks & Recreation Office at 314.991.1249

Name: _____ Proposed Class Title(s): _____
Address: _____
City & Zip: _____
Home #: _____
Cell #: _____ Organization (if any): _____
Work #: _____
Email: _____ Website: _____

SCHEDULE

Proposed Meeting Days: Mon Tues Wed Thurs Fri Sat Sun

Time: From: _____ To: _____ Total number of weeks class would meet: _____

FACILITY & EQUIPMENT

Type of room or facility required: Double Classroom Single Classroom Gym Field

Room amenities required: Water/sink Stove/oven Chairs Tables

Chalkboard Projector Natural Lighting Storage

Would a materials/lab fee be required? Yes No If yes, for what amount? \$ _____

If yes, what would the fee cover? _____

PARTICIPANTS

Minimum number of participants: _____ Maximum number of participants: _____

Age level of students: Age _____ to _____ OR Adult 18 plus Adult Age 55 plus Other _____

Is there a specific skill level you prefer to teach? Yes No

If yes, please indicate which level: Beginner Some Experience Advanced Expert

CLASS OVERVIEW

Class Description:

Please describe the goals you would like participants to achieve by attending class:

QUALIFICATIONS

List your education, background, experience or any certifications that qualify you to teach this class:

Where are you currently, or where have you previously taught this class?

In addition to the Recreation Guide, how would you promote the class to increase participation?

REFERENCES & BACKGROUND

All contract class applicants must pass a background check to be accepted as a contract instructor. If your class proposal is accepted, you will be given instructions for completing LiveScan fingerprinting with the Olivette Police Department.

Please provide at least 2 references that are familiar with your abilities to teach this class:

Name: _____

Name: _____

Title: _____

Title: _____

Organization: _____

Organization: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

I understand the following:

- Registration will be managed by the Olivette Parks and Recreation Department and all fees will be paid to the Department for all approved courses.
- Submitting a Contract Proposal Form does not guarantee a course will be added to the program or location of choice.
- There is no exclusivity to instructors or the courses they teach.
- The Olivette Parks and Recreation Department provides payment after receipt of services and advance payments are not allowed.
- No courses will be offered without approval through the Olivette Parks and Recreation Department.
- Specific locations are not guaranteed.
- Contract instructors are contracted with the Olivette Parks and Recreation Department to provide instruction for specialty recreation activities or classes and therefore are not employees of the City of Olivette.
- Contract instructors may be dismissed at any time if the Department finds their instruction to be inadequate or their behavior, attitude or appearance to be unacceptable.

Please attach any additional information about yourself that would further explain your desire to be a contract instructor.

I certify that, to the best of my knowledge and belief, all statements made herein or attached hereto are true, complete and accurate. I understand and agree that any incorrect statements or omissions of material facts herein may cause forfeiture on my part of all rights to contracting with the Olivette Parks and Recreation Department. I authorize the City of Olivette to investigate any of the information provided by me. I also authorize the previous employers, persons, and references named or any other person named to give any and all information regarding employment, scholastic records, together with all other job related information that may or may not be on record. I release all individuals who provide information to the City from all liability regarding the use of such information.

Applicant Signature: _____ Date: _____