



Bristol Recreation Department

PO Box 249, Bristol, Vermont 05443

Phone: 802 453-5885 Fax: 453-5188 E-mail: RecDirector@BristolVt.org

www.bristolvtrec.com

Instructor Application

Applicant's Information:

DATE OF APPLICATION: _____

Name: _____

First Middle Last

Phone Numbers: _____

Home Cell Work

E-mail Address: _____

Current Address:

Street: _____

City: _____ State: _____ Zip: _____

Are you legally authorized to be employed in the USA? YES NO

Have you been convicted of a criminal offense YES NO

If yes, please explain: _____

Instructor Qualifications: (Training, education, work experience, etc.)

Personal Reference: (List two individuals, not related to you, that can provide a character reference on you)

Name: _____ Primary Phone: _____

Address: _____

Street City State Zip
Relationship to Applicant: _____ How many years have they known you? _____

Name: _____ Primary Phone: _____

Address: _____

Street City State Zip
Relationship to Applicant: _____ How many years have they known you? _____

Requirements for Employment: All potential employees must meet the following minimum requirements.

1. Must complete a release for a criminal background check by VCIC.
2. Employment offers are conditional based on the results of number 1 & 2 above.
3. Successful completion of or certification in areas that are required by the position.
4. More specific requirements may be necessary for a position; these will be discussed at the interview.

Statement of Purpose:

I certify that the information that I have provided on this application and all attachments is true and complete to the best of my knowledge. I further acknowledge that if any information herein is determined to be untrue, misleading, or omitted, it will result in disqualification from employment or immediate dismissal, regardless of the time of discovery by the Bristol Recreation Department. I hereby authorize the Bristol Recreation Department to make a thorough investigation of my past employment and activities. I release from all liability the Bristol Recreation Department, former employers, or any persons supplying such information.

Applicant Signature: _____

Date: _____



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Program Proposal Form

Instructor Information:

Name: _____

Phone: _____

Class Information:

1. Proposed Course Title:

2. Course Description:

3. How many times will the class meet?

One time for _____ hours

_____ times for _____ hours each session

4. When do you prefer to teach the class? (*check your preferences*)

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

5. When would you like to offer this class?

Start Date: _____

Completion Date: _____

6. At what time of the day would you like to offer this class?

Start Time: _____

Finish Time: _____

7. What is the Class Capacity?

Minimum enrollment: _____

Maximum enrollment: _____

8. Describe your target audience for this class

9. Any room requirements? (i.e. open space, gym, classroom, etc.)

YES NO

If yes, what kind of space is needed?



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10. Any equipment needs? YES NO

If yes, what equipment will be needed?

***Please understand that we have use of school facilities, but do not have use of their equipment. Some things can be made available to us at a cost and this will have to be added to the price of the program.*

11. Materials:

Are you supplying any materials for the class? YES NO

If yes, what materials will you be providing to the participants?

What materials will the participants need to bring? (If you have a materials list please attach)

12. Do you plan to offer this class through any other organizations? YES NO

If so, when and where?

13. Instructor Compensation: How do you wish to be paid? (*choose one option*)

\$ _____ flat fee

\$ _____ per participant

% of class total (60/40 split with 60% going to the instructor)

Waive Fee

***Please note that we attempt to offer our classes at the lowest possible price as a service to our community. Instructor compensation is one of the factors considered when we determine whether to offer a class. The Bristol Recreation Department welcomes those who wish to donate their time as a service to the community.*

Thank you for your interest in offering a class with the Bristol Recreation Department. Your proposal will be reviewed by our staff. If your offering is determined to meet the needs of our community, you will be contacted. Please call or email if you have any questions: 453-5885 or recdirector@bristolvt.org

Email completed form to: recdirector@bristolvt.org

or

Send completed form to:
Bristol Recreation Department
P.O. Box 249
Bristol, VT 05443

OFFICE USE ONLY

Date Received: _____

Date Called: _____

Date Interviewed: _____

Class being offered? YES NO

If No, Reason: _____

Session Offered: _____

Date of Class: _____

Time Offered: _____