



South Burlington Recreation & Parks Department

575 Dorset Street 575 Dorset Street, South Burlington, VT 05403

(802) 846-4108

recreation@sburl.com

Dear Prospective Instructor,

Thank you for your inquiry about offering a program with our department. Attached you will find our Instructor Application and Program Proposal Form. Below you will find some general information about the programming we look to offer our community. The information will pertain to the dates, deadlines, scheduling, and pricing. Please read through it carefully and if you have any questions don't hesitate to contact me.

We try to provide a diverse offering for our community at a reasonable cost. We look to provide reasonably priced recreational programs and classes for those who wish to try something new or who have a genuine interest and want to improve on it. For us, it is more important that we provide an opportunity for everyone to participate and socially interact with others.

First the scheduling, we currently publish and distribute our brochures two times a year. Below is the due date for program information, when the brochure is distributed and the months that are best to offer programming. The *Information Deadline* is the date that we need your class information for the brochure. The *Session Timeline* includes the months that we will be offering classes. We have dedicated the month the brochure comes out to advertising and registering.

<u>Brochure</u>	<u>Information Deadline</u>	<u>Brochure Distributed</u>	<u>Session Timeline</u>
Fall/Winter	July 1 st	August	September- February
Spring/Summer	January 1 st	February	March- August
Camp Brochure	January 1 st	February	June- August

Next pricing; we add an administrative cost to the class price, the class price is what it costs to pay the instructor and any materials fee. The administrative cost ranges from \$8-\$10 for programs and \$25 for camps. Non-resident fees are up charged 20% of the final cost. These fees help to cover advertising, facility costs, and administrative functions.

Offerings: we try to offer a variety of different programs and camps for the community. We look for areas in health, fitness, fine arts, and general information. We look for 1 day workshops up to 6 six week classes. We also want to offer what is new and interesting. You can choose to offer your class as often as you would like, so long as the facilities are available to us. We have second priority of school facilities and sometimes they are not available to us due to school functions. We have to work the schedule around this and we also try not to schedule too many offerings on the same nights.

I thank you for your interest in wanting to work with our department. Our hope is to continue to improve and add to our program offerings. We welcome your input and ideas. If you have any questions please contact me at 846-4108.

Sincerely,

Todd Goodwin

Todd Goodwin
Assistant Director



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Instructor Application

Applicant's Information:

DATE OF APPLICATION: _____

Name: _____

First Middle Last

Phone Numbers: _____

Home Cell Work

E-mail Address: _____

Current Address: _____ Until When? _____ Permanent Address: _____

Street: _____ Street: _____

City: _____ State: _____ Zip: _____ 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.)

Instructor Bio: (please write or attach a brief Bio)

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

Name: _____ Work Phone: _____ Home Phone: _____

Address: _____

Street City State Zip

Relationship to Applicant: _____ How many years have they known you? _____

Name: _____ Work Phone: _____ Home 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. Must complete a release for a child abuse registry check by the Dept. for Children and Families.
3. Employment offers are conditional based on the results of number 1 & 2 above.
4. Successful completion of or certification in areas that are required by the position.
5. 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 South Burlington Recreation Department. I hereby authorize the South Burlington Recreation Department to make a thorough investigation of my past employment and activities. I release from all liability the South Burlington 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: (Please write the description for the brochure)

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? (Circle your preferences)

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

SATURDAY

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. Who will be most interested in this class? (Circle all that apply)

Males

Females

Both

Children (grades : _____)

Teens

Adults

Seniors

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

YES NO

If yes, what kind of space is needed? _____

More Questions on the Back of this Form

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 so, will there be a separate materials cost? YES NO

If Yes, how much will that fee be? _____

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)

Will participants need to purchase these materials? YES NO

If so, where can these materials be purchased? _____

What is the approximate cost for these materials? _____

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?

\$_____ per hour

\$_____ per participant

_____ 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 South Burlington 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 South Burlington 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 within two weeks. Please call or email if you have any questions. 846-4108 or recreation@sbul.com

Send completed form to:

**South Burlington Recreation Department
c/o Todd Goodwin
575 Dorset Street
South Burlington, VT 05403**

OFFICE USE ONLY

Date Received: _____

Date Called: _____

Date Interviewed: _____

Class being offered: Yes No

If No, Reason: _____

Session Offered: _____

Date of Class: _____

Time Offered: _____