ATTACHMENT A

INSTRUCTOR APPLICATION INFORMATION SHEET

Legal Name of Corporation: _____

Legal Name of Applicant: _____

Phone (Home/Cell): _____ (Business): _____ (Fax): _____

Email Address: _____

Address (Home): _____
Street City State Zip

Address (Business): _____
Street City State Zip

A COMPLETE RESUME MAY BE ATTACHED, AND IS PREFERRED, IN LIEU OF COMPLETING THE FOLLOWING INFORMATION ON EDUCATION, EXPERIENCE, OR SKILLS.

EDUCATION/LICENSES/CERTIFICATIONS (list all relevant)

School/Organization	City, State	From	To	Major/Field	Degree/Licence/Certification
CPR/First Aid/AED Certificate(s)					

WORK/PARTICIPANT/VOLUNTEER EXPERIENCE (list all relevant)

Position	Employer	City, State	From	To

Please list any special skills, honors, awards, publications, or other information which you feel would be helpful in judging your qualifications for instructing programs:

_____

REFERENCES (Please give the contact information for three persons to whom we may contact regarding your qualifications and abilities)

Name	Organization	Position	Phone Number	Email Address

I am interested in teaching programs in the following field(s):

☐ Arts ☐ Crafts ☐ Fitness ☐ Music ☐ Dance ☐ Tiny Tots ☐ Sports
☐ Swimming ☐ Diving ☐ Scuba ☐ Aqua Sports ☐ Swim Team ☐ Water Fitness
☐ Therapeutic Recreation ☐ Other: _____

I am interested in teaching the following groups:

☐ Preschool/Kindergarten ☐ Elementary School ☐ Middle School ☐ High School
☐ Individuals with Disabilities ☐ Young Adult ☐ Adult ☐ Seniors

Days and hours available for work:

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday
☐ Early Morning (6am-9am) ☐ Morning (9am-noon) ☐ Midday (noon-3pm)
☐ Afternoon (3pm-6pm) ☐ Evening (6pm-10pm)

Available start date: _____

Please attach additional descriptive literature you may have available relating to the program you wish to offer, (i.e., outline of course, fees, material, etc.)

_____ _____
Signature of Person Authorized to Sign Application Date

_____
Printed Name of Person Authorized to Sign Application

THIS APPLICATION AND ATTACHMENTS ARE INCORPORATED AND MADE PART OF ANY CONTRACT RESULTING FROM THIS SOLICITATION.

Please return this application to the appropriate team:

Aquatics
MCRD
4010 Randolph Road
Silver Spring, MD 20902
(240) 777-6860

Countywide Programs
MCRD
4010 Randolph Road
Silver Spring, MD 20902
(240) 777-6870

ATTACHMENT B

INSTRUCTOR PROGRAM PROPOSAL
(Please submit one per class title)

Legal Name of Corporation: _____

Legal Name of Applicant: _____

Phone (Home/Cell): _____ (Business): _____ (Fax): _____

Email Address: _____

Address : _____
Street City State Zip

Class Title: _____

Class Description *(please describe as if for publication)*: _____

_____

_____

Targeted Age(s) or Grade(s): _____

Day and Time Preference(s): _____

Location Preference(s): _____

Are Class Materials:
- ☐ Purchased by participant from instructor Approximate Cost: $_____
- ☐ Purchased by participant from merchant Approximate Cost: $_____
- ☐ Included in program fee
- ☐ N/A

Please provide any further information regarding this program: _____

_____

_____