



# CLASS PROPOSAL

Please complete the information below. Email to [cyoung@alpharetta.ga.us](mailto:cyoung@alpharetta.ga.us)  
or FAX to 678-297-6381, or mail/drop off in person at  
2 Park Plaza, Alpharetta, GA 30009, attention Christine Young

## Seasonal Deadlines

**All proposals must be submitted by the following weeks for the intended session:**

Winter Session: First week of October  
Spring Session: First week of December  
Summer Session: First week of February  
Fall Session: First week of May

Class Title: \_\_\_\_\_

Class Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Ages: minimum \_\_\_\_\_ maximum \_\_\_\_\_ Length of Session \_\_\_\_\_ (# of weeks)

Class size minimum \_\_\_\_\_ Class size maximum \_\_\_\_\_

Length of class \_\_\_\_\_ min. / hr. # days per week \_\_\_\_\_

Session fee per participant \$ \_\_\_\_\_ Material Fee (if any) \$ \_\_\_\_\_  
(Contract Instructors receive 75% of class fee)

Special Equipment needed by instructor: \_\_\_\_\_

Participants should bring: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Address: \_\_\_\_\_

DAY

TIMES AVAILABLE

DAY

TIMES AVAILABLE

MONDAY

THURSDAY

TUESDAY

FRIDAY

WEDNESDAY

SATURDAY

**Work Experience/Volunteer History**

**Present Employer** \_\_\_\_\_ **Position** \_\_\_\_\_

Address \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone # \_\_\_\_\_

Employed From: month \_\_\_\_\_ year \_\_\_\_\_ To: month \_\_\_\_\_ year \_\_\_\_\_

**Past Employer** \_\_\_\_\_ **Position** \_\_\_\_\_

Address \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone # \_\_\_\_\_

Employed From: month \_\_\_\_\_ year \_\_\_\_\_ To: month \_\_\_\_\_ year \_\_\_\_\_

Reason for leaving \_\_\_\_\_

**References**

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

**Education**

High School \_\_\_\_\_ Graduated yes/no

Colleges(s) \_\_\_\_\_ Graduated yes/no

Attended from \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ Graduated yes/no

Attended from \_\_\_\_\_ to \_\_\_\_\_

**Certificates/Training** \_\_\_\_\_

\_\_\_\_\_

**Other** \_\_\_\_\_

\_\_\_\_\_

Are you over 18 years of age? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain \_\_\_\_\_

*All instructors teaching classes are required to have a background check Some instructors may be required to provide liability insurance. All instructors are Independent Contractors and not employees of the City of Alpharetta.*