



# CLASS PROPOSAL

Please complete the information below. Email to [cyoung@alpharetta.ga.us](mailto:cyoung@alpharetta.ga.us),

## Seasonal Deadlines

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

Winter Session (November - February): First week of September

Spring Session (March May): First week of January

Summer Session (May– August): First week of April

Fall Session (August– November): First week of June

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**

**DAYS**

**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.*