CARLISLE PARKS AND RECREATION DEPARTMENT  
STUART COMMUNITY CENTER  
415 FRANKLIN STREET  
CARLISLE, PA 17013  

PROGRAM PROPOSAL FORM

Personal Information

Program Instructor(s): ____________________________________________

Company/Business Name (if applicable): ______________________________

Mailing Address: __________________________________________________

City, State, Zip: __________________________________________________

Home Phone: ____________________________ Cell: ________________________

Work Phone: ____________________________ E-mail: ______________________

Tax I. D. #: ____________________________ OR Social Security #: ____________

Program Description

Suitable for ages: (check all that apply)

<table>
<thead>
<tr>
<th>Program Type</th>
<th>Ages 2-5</th>
<th>Elementary</th>
<th>Middle School</th>
<th>High School</th>
<th>Adult</th>
<th>55+</th>
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<tbody>
<tr>
<td>Arts and Crafts</td>
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<td>Education</td>
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<td>Health and Fitness</td>
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<td>Seminar</td>
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<td>Other</td>
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Program title: ________________________________________________________
General course description: ____________________________________________
________________________________________________________________________
________________________________________________________________________

Please provide an outline or lesson plan for the course on a separate piece of paper.

Goals of the program: _________________________________________________

Availability/Day(s) of the week: _________________________________________

Time (i.e. 7:00-9:00 p.m.): _____________________________________________

Dates of the program: _________________________________________________

Length of the program (# of classes/weeks): ______________________________

Type of room/space needed (room/gym/green space, etc.): __________________

Any materials needed by the participants: _________________________________

Instructor supplies: _____________________________________________________

# of participants to run the program: Min: _______ Max: _________
PROGRAM PROPOSAL FORM (cont’d)

Preferred instructor fee: $___________
Contract is a 70/30 split, negotiated with the Recreation Manager and/or Recreation Assistant.

Instructor Qualifications (you may attach a resume or Carlisle Borough employment application)

- All contracted instructors must provide a new FBI Fingerprint Clearance prior to the start of class.
- In addition to the FBI Clearance, if you are instructing a program dealing with minors (children 17 years or younger), you must submit a new PA Criminal Background Check, and PA Child Abuse History Clearance prior to the start of the class. You will also need to complete the Mandated Reporter Training on child abuse.
- All contracted instructors will be required to complete a W-9 federal document.

Have you taught this program before? _______ If so, where? _____________________________________________

Experience/Knowledge of Topic: __________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

References: Please include at least three references (two professional and one personal)

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Years Known</th>
<th>Contact Number</th>
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</thead>
<tbody>
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<td>3.</td>
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Additional comments/remarks:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed; falsified statements on this form shall be grounds for dismissal.

___________________________________________  _____________________________
Signature                        Date

To submit form email, fax, mail or drop off.