

City of West Sacramento
COURSE PROPOSAL FORM

*Directions: Please complete the following information.
Attach resume and copy of required certifications and return to:*

*West Sacramento Parks & Recreation
Course Proposal
1110 West Capitol Avenue
West Sacramento, Ca 95691*

1. ***INSTRUCTOR INFORMATION***(PLEASE *print or type*) Date _____ / ____ / ____.

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: Day:() _____ Eve: () _____ Email: _____

Proposed Course Title: _____

AND/OR

Contract Position Applied for: _____

A. Applicant experience/background in proposed program – Include relevant certifications and years of experience:

B. Experience in working with the public (include paid and volunteer):

C. References:

	Name	Relationship	Address	Phone
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

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2. **PROGRAM INFORMATION**

Proposal for _____
(Title or Activity)

A. Detailed Course Description. For additional space, please continue on the back or a separate piece of paper.

B. Course Objectives.

C. Learning Outcomes (what will the participant learn/benefit by participating)

Please list a four-sentence description of your program that will appear in marketing material:

Desired activity length:

- a. Program/Participant meets... One day workshop
 Once a week for (1 2 3 4 5 6 7 8 9 10 11 12) weeks
 Twice a week for (1 2 3 4 5 6 7 8 9 10 11 12) week
 Other: _____

b. Length of activity (hours): _____

c. Desired days of the week and time to conduct (if applicable):

1st choice of Day: _____ Time: _____ am or pm to _____ am or pm

2nd choice of Day: _____ Time: _____ am or pm to _____ am or pm

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- d. Suggested per person activity fee: \$ _____
- e. Suggested materials fee (if applicable): \$ _____
- f. Supplies or materials participants need to bring or wear: _____

- g. Enrollment Required (if applicable): Minimum _____ Maximum _____
- h. Age Requirement: _____
- i. Any experience or prerequisites required of participants before taking the class? _____
- j. Facility desired: _____
- k. Equipment needed (tables, chairs, etc.): _____

**** If your proposal has potential for meeting our programming needs, you will be invited for an oral interview. If your program is accepted you will be required to attend an orientation, pass a Live Scan and background check and complete all necessary paperwork before the program will be offered through the Department.

Note: Contractors may be required to have current CPR and Standard First Aid Certifications before program begins unless otherwise stated.

% of Revenue: On site programs - Contractor: 65% City: 35%

OFFICE USE ONLY

Date Received: _____ Reviewed by: _____

Comments: _____

Interview scheduled: _____yes _____no

INSTRUCTOR ACKNOWLEDGMENT

I acknowledge that I have read, accept and understand the information and conditions that involve me or my company contracting as an Independent Contractor with the West Sacramento Parks & Recreation Department.

Individual's Signature

Date