

**Independent Instructor Application and Course Proposal**

**Form "E"**

Date \_\_\_\_\_ Area of Instruction \_\_\_\_\_

NAME \_\_\_\_\_ DOB \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL \_\_\_\_\_

EMPLOYER \_\_\_\_\_ PHONE \_\_\_\_\_

EMPLOYER ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DRIVER'S LICENSE # \_\_\_\_\_ STATE \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

Are you of legal age (18+) to enter into an independent Instructor Agreement for Recreational Classes/Activities?  
Yes [  ] No [  ]

**Education, Licenses or special training (list all relevant)**

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**Instructor Experience**

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**List all current certifications, special skills, honors, awards, publications or other information which you feel would be helpful in judging your qualifications for instructing programs. Attach supplemental sheet if needed.**

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References: Please list three persons whom we may call regarding your qualifications and abilities as an instructor – preferably program supervisors or directors;

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Business: \_\_\_\_\_ Position: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Business: \_\_\_\_\_ Position: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Business: \_\_\_\_\_ Position: \_\_\_\_\_

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize the investigation of all statements contained in this application as for an Independent Instructor with the Sand Springs Parks as may be necessary in arriving to a service agreement. I understand that false or misleading information given in my application or interview(s) may result in discharge and denial of my application. I understand, also that I am required to abide by all rules and regulations of Sand Springs Parks. Candidates are subject to a criminal background check prior to service with the Sand Springs Parks Department.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

# COURSE PROPOSAL

Proposed Course Title: \_\_\_\_\_

Course Description for Activity

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Day(s) classes will be held? (Check all that apply)

Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

Time(s) classes will be held? \_\_\_\_\_

Minimum class size? \_\_\_\_\_ Maximum class size? \_\_\_\_\_

Class//Program fee(s)? \_\_\_\_\_

What day will your course begin? \_\_\_\_\_

Number of weeks your class will run? \_\_\_\_\_

Are there any dates on which your class will not be held?

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Make-up classes, if needed, will be held on the following dates?

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Please choose the most appropriate room type or other location for your class?

Aerobics Room  Gym  Batting Cages  Meeting Room(s)

Will you charge any additional class fees, lag, supplies, registration, etc.? If yes, please state amount of fee and what it will be used for.

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Please state any supplies, materials, or apparel that students will need to bring or wear to class?

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Is any experience , or are prerequisites required of students before taking this class?

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What are your storage requirements?

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May we publish your contact information (from page 1) in our Activity Guide or similar publications?

Yes  No