



BV Rec Program Proposal

Date

Instructor Name

Address

Address Line 1

Address Line 2

City

State

Zip Code

Phone

Email

Description of Proposed Program (please use as much detail as possible)

Are there similar classes currently being offered in the private sector? If so, where and when?

Are there similar classes currently being offered in the public sector? If so, where and when?

Proposed day, time, cost, location

Instructor's Qualifications (Please Attach Resume if Necessary)

Attach Resume

Are you currently CPR/First Aid Certified? If yes, please attach a copy of your certifications

Yes No

Attach Certifications

If applicable, please list your certifications

Attach Other Relevant Certifications

Are there any prerequisite requirements for class participants (age, gender, abilities)? If yes, list below.

Will specialized equipment be required for the class? If yes, list below.

Proposed Times and Days of Week

Time

Day

Alternative Time

Alternative Day

Proposed Cost

Cost for clients

Rationale

Target Audience per Class

Minimum

Maximum

Proposed Class Location

Location

Alternative Location

Is your desire to be a contract worker or an employee of the town? Please explain why.

Can the Instructor provide a current Certificate of Liability Insurance Coverage? (Yes/No). If yes, please attach.

Attach Certificate of Liability Insurance Coverage

Other notes/questions/comments: