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:

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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):

   1\textsuperscript{st} choice of Day: _______ Time: _______ am or pm to _______ am or pm

   2\textsuperscript{nd} 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