

Do you have a talent or skill that you'd like to share with others? The Town of North Branford Parks and Recreation Department invites you to submit a program proposal for a future class. We recruit instructors to teach a wide variety of classes that provide the community with positive recreation experiences! We offer programs throughout the year in a variety of locations, to a wide range of ages and ability levels as part of our department's mission to provide "programs that promote citizen involvement and a strong sense of community".

Program proposals may be mailed:

North Branford Parks & Recreation
1332 Middletown Ave.
Northford, CT 06472
Attn: Kerry Haynes, Recreation Supervisor

Program proposals may be e-mailed to:

recreationsupervisor@townofnorthbranfordct.com

Proposals are considered for review based on factors including but not limited to community demand, relevance to Town objectives, existing courses, and potential for cost recovery. Application does not guarantee acceptance.

Application Information

Name: _____ Date: _____

Address: _____

E-mail: _____ Website: _____

Please list all education, certifications, and experience relevant as it pertains to becoming an instructor for the Parks and Recreation Department.

Submission Deadlines for the bi-annual brochure are as follows:

Fall/Winter Program Proposals must be submitted no later than August 15th

Spring/Summer Program Proposals must be submitted no later than *****

Additional classes can be offered and publicized but may not be listed in the brochure if submitted after the above dates.

Proposed Class Information

Describe proposed class information here. The information you provide may be altered to best serve the community, coincide with facility availability and fit the direction of the department.

Proposed Class Title: _____

Have you taught this class or a class similar to this before? Yes or No

YES. If so, where _____

Creative description of program (*this would appear on advertising*):

What are the class benefits for the participants?

Program Length: (*Please specify number of days and/or weeks*)

Program Frequency (*Please specify frequency, i.e., once a week, twice a week, etc.*)

Program Time Preference (*Please specify time of day, i.e. morning, afternoon, evening*)

Program Day Preference (*Please specify a day(s) of the week*)

1st Choice: Day(s) Su M T W TH F Sa Duration (time): _____ Duration (weeks): _____

2nd Choice: Day(s) Su M T W TH F Sa Duration (time): _____ Duration (weeks): _____

3rd Choice: Day(s) Su M T W TH F Sa Duration (time): _____ Duration (weeks): _____

Minimum # of participants per session/class: _____ Maximum # of participants per session/class: _____

Age Requirements: _____ to _____ years old

Type of Venue (i.e. Classroom, Park Pavilion, Athletic Field, etc.)

List your desired rate of pay for instructing the class _____

Will you provide your own materials? If no, please list the materials needed _____

Additional Information (not required but recommended)

We encourage potential instructors to consider submitting the following additional information if applicable.

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- ❖ Current Resume
 - ❖ Brief lesson plan for at least one class session
 - ❖ Proposed handouts
 - ❖ Flyers, Brochures, or advertising used for your class
 - ❖ Photos or samples of class
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