



# *JBER Instructional Youth Programs*

## **Instructional Class Proposal**

Proposals are considered for review based on factors including but not limited to program demand, relevance to Programs objectives, existing courses, and the course potential for cost recovery. An application does not guarantee acceptance.

### **Application Information**

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

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

If someone wishing to register for your class has specific questions for you, which action would you prefer Instructional Youth Programs staff to take:

Give the interested participants your phone number and/or email.

Staff takes interested participants' contact information and passes the information on to you.

### **Instructor Qualifications**

Education/Training/Certification:                      Location:                      Certification/Degree:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Employer:    Dates of Employment:                      Job Title:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Personal Experience: \_\_\_\_\_

Are you CPR and First Aid Certified?    Yes                      No  
(If not, you may be required to receive your certification prior to the first class date)

## References

List 3 References {Professional References Preferred}

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_
2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_
3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_

## Proposed Class Information

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

Class Title: \_\_\_\_\_

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

Creative Description of Program (*This would appear on advertising*): \_\_\_\_\_

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 number of days of the week*): \_\_\_\_\_

1<sup>st</sup> Choice: Day(s) Su M T W Th F Sa Duration(time): \_\_\_\_\_ Duration (weeks): \_\_\_\_\_

2<sup>nd</sup> Choice: Day(s) Su M T W Th F Sa Duration(time): \_\_\_\_\_ Duration (weeks): \_\_\_\_\_

3<sup>rd</sup> Choice: Day(s) Su M T W Th F Sa Duration(time): \_\_\_\_\_ Duration (weeks): \_\_\_\_\_

Min.# of participants per session/class: \_\_\_\_\_ Max.# of participants per session/class: \_\_\_\_\_

Age Requirements: \_\_\_\_\_ to \_\_\_\_\_ years old

Type of Venue (i.e., classroom, park pavilion, athletic field, etc.) \_\_\_\_\_

Desired Compensation: \$\_\_\_\_\_ (per-child/session)    Materials Required?    Yes    No

Material Fee? \_\_\_\_\_    Materials provided by:    Participant    Instructor

What materials are needed: \_\_\_\_\_

What equipment is needed for the setup of your class? *(Please include quantity i.e., tables, chairs, sink music etc.)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Class Outline**

Briefly describe what age group and the skills that will be taught in each class session. Use only the number of class types or sessions desired.

Class #1 \_\_\_\_\_

\_\_\_\_\_

Class #2 \_\_\_\_\_

\_\_\_\_\_

Class #3 \_\_\_\_\_

\_\_\_\_\_

Class #4 \_\_\_\_\_

\_\_\_\_\_

Class #5 \_\_\_\_\_

\_\_\_\_\_

Class #6 \_\_\_\_\_

\_\_\_\_\_

Class #7 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Class #8 \_\_\_\_\_

\_\_\_\_\_

Class #9 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Class #10 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Class #11 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Class #12 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **Additional Information**

Please attach the following optional items:

Current resume

Brief lesson plan for at least one class session

Proposed handouts

Flyer, brochures, or advertisements used for your class

Photos or samples of class work

Return completed paperwork to:

JBER Instructional Youth Programs  
Bldg. 297 Two Rivers Youth Center,  
Ft. Richardson, JBER, AK 99505  
Phone: 907-854-2568