



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*): _____

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): _____

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