

# Instructor Application/ Proposal for Cultural Programming



## Instructor Information

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Drivers license # and state issued: \_\_\_\_\_  
Fed Tax ID: \_\_\_\_\_ or Social Security #: \_\_\_\_\_

## Course Information

Course title/subject: \_\_\_\_\_  
Participant age range: \_\_\_\_\_ Number of class sessions: \_\_\_\_\_ Number of hours per class: \_\_\_\_\_  
Course to be offered:  single workshop  weekly  bi-weekly  other: \_\_\_\_\_  
Starting date: \_\_\_\_\_ Ending date: \_\_\_\_\_ Time(s): \_\_\_\_\_  
Minimum number of students: \_\_\_\_\_ Maximum number of students: \_\_\_\_\_  
Suggested fee to be paid by student (instructor will receive 60% of this fee): \_\_\_\_\_  
Course description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Course Materials** (please check one):

- Materials needed by the student are included in the suggested course fee.
- Materials needed by the student are a separate fee. The materials fee is \_\_\_\_\_ and will be collected by the instructor on the first day of class.
- A list of materials needed by the student will be sent by the instructor to the student one week prior to the start of class.

The Renaissance Centre can provide a classroom, tables, chairs, CD/DVD player and TV. You are responsible for transporting any other equipment needs.

## Qualifications

Please list the education, certifications and/or qualifications that will enable you to teach this course (attach a résumé if you have one):  
\_\_\_\_\_  
\_\_\_\_\_

Have you taught this course elsewhere?  yes  no If yes, please provide the following information:

Location: \_\_\_\_\_ Reference name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Location: \_\_\_\_\_ Reference name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Location: \_\_\_\_\_ Reference name: \_\_\_\_\_ Phone: \_\_\_\_\_

Have you ever been convicted of a criminal offense?  yes  no If yes, list the nature of the offense, including the date, location and disposition: \_\_\_\_\_

Have you ever had cause to register either nationally or locally as a sex offender?  yes  no

**WAIVER:** I, the above applicant, do hereby authorize and request the release of information and records to the Town of Wake Forest, for the purpose of investigating my qualifications to work as a contracted program instructor. This authorization covers, but is not limited to, criminal records. I understand that the Town of Wake Forest will use this information solely for evaluating my qualifications as a contracted program instructor. **NOTE:** This information must be completely filled out and returned to Wake Forest Parks and Recreation – Renaissance Centre prior to being hired as a contracted program instructor. Failure to provide complete and accurate information will exclude you from instructing.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

INSTRUCTOR

**PLEASE RETURN TO:**

Cathy Gouge, Centre Specialist  
Wake Forest Renaissance Centre  
405 S. Brooks Street  
Wake Forest, NC 27587

919-218-6287 PHONE  
919-435-9499 FAX

**OFFICE USE:**

Verification date: \_\_\_\_\_ By: \_\_\_\_\_ Comments: \_\_\_\_\_