



Personal Information

Instructor Name: _____

Business Name: _____

Address: _____

Phone: _____ E-mail: _____

Birthdate: _____

Program Information

Program Title: _____

Program Description:

Preferred Day of the Week: MON TUE WED THURS FRI SAT SUN

Months: JAN FEB MAR APR MAY JUNE JULY AUG SEPT OCT NOV DEC

Length of the Program: 1 DAY CLASS WEEKLY SESSION (# of weeks: ____) CAMP STYLE (MON-FRI)

**If 1 day class, how many dates would you like to offer: ____ Titles/themes/descriptions would need to be provided.*

Start Time: _____ End Time: _____ Set-up/Clean up Time Needed: _____

Type of Space Needed: CLASSROOM ½ GYM FULL GYM PARK If park, list: _____

of Participants to Run the Program: Min: _____ Max: _____

Cost of the Program (per person): \$_____

**Contract is a 70/30 split, you will receive 70% of the cost of the program per person.*

Subject/Ages:	PRE-SCHOOL	YOUTH	MULTI-AGE	ADULT	SENIOR
Art					
Learning					
Health & Fitness					
Sports & Leagues					
Workshops					
Event					

Age of Participants: Min: _____ Max: _____

Tell us about yourself & your experience/knowledge of topic:

Instructor Clearances

- I. Provide background clearance information shown in the clearance section below and per the Carlisle Parks and Recreation Department’s clearance policy. **Instructors must show a copy of the required clearance or show a proof of request from the appropriate clearance certifying agency to a Parks and Recreation staff person prior to program advertising and all required clearances must be received by the Parks and Recreation staff prior to the start of the first class.** If the information obtained pursuant to the criminal history reveals that the applicant is disqualified from contracted employment pursuant to the Child Protective Services Law or the National Recreation and Park Association recommended criteria for exclusion, this contract shall be immediately considered terminated by Carlisle Parks and Recreation and no compensation shall be paid.

Having Direct Contact with Children	NOT Having Direct Contact with Children
<ul style="list-style-type: none"> • PA State Police Criminal Record Check • PA Child Abuse History Clearance • FBI Fingerprint-based Record Check • Mandated Reporter Certificate • Disclosure Statement • Affirmation Statement 	<ul style="list-style-type: none"> • PA State Police Criminal Record Check • Disclosure Statement • Affirmation Statement

References:

Name	Relationship	Phone	Email
1.			
2.			

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed; falsified statements on this form shall be grounds for dismissal.

Signature

Date

***Email form to parksandrec@carlislepa.org or drop off to the
Stuart Community Center, located at 415 Franklin St Carlisle, PA 17013.***