

An agency of the Centre Region Council of Governments Serving the Borough of State College and the Townships of College, Ferguson, Harris and Patton

Instructor Questionnaire

Instructor Name: ______ (please print)

1. Describe the program you are interested in teaching and the experience you have in the subject matter.

2. What is your overall goal for teaching this particular program? What outcomes will be generated from this program?

3. What space do you need in order to teach this program? Please include additional needs (tables, chairs, electric, etc).

4. Why do you think this class is worth offering? What makes your program unique?

5. What times of the year are you willing to offer this activity?

6. Are there additional supplies and equipment required for this class (ex.: mats, game pieces, weights)? Will you be providing those or does CRPR need to provide them? This will help us determine if you should be classified as an employee or as an independent contractor?

7. If we determine that you should be classified as an independent contractor, are you prepared to secure a general liability policy to cover your work as an instructor, as well as providing your own health insurance? Worker's compensation is not provided by CRPR to independent contractors.

| Program Name/Title: | |
|---------------------------------|-----------------|
| Instructor(s) Name: | Email: |
| Facility/Location Requested: | |
| Class Start Date: | Class End Date: |
| Day(s) of the Week Class Meets: | |

| Class Start Time: | Class End Time: |
|---|--|
| Age or Grade Range of Participants: | |
| Registration Deadline: | |
| Min # of Participants: | Max # of Participants: |
| Instructor cost per participant: | |
| Sample Class Description: | |
| | |
| | |
| Select All that Apply: | |
| Send email when minimum count is reached | |
| Send email when class maximum count is reach | led |
| *PLEASE NOTE: If you are teaching to participants who a background check program. | are under 18 yrs. of age, you MUST successfully complete a |
| | |
| Instructor Signature: | Date: |
| | |

Please submit this form along with your resume or any program flyers or samples if you have them to

criminal

Centre Region Parks and Recreation!