



Silver Spring Township
Parks and Recreation Department

OFFICE USE ONLY
Date Received: _____
Contacted: _____
Status: _____
Note: _____

PROGRAM PROPOSAL FORM

Please fill out ONE (1) proposal form for each topic submitted.

Personal Information

Program Instructor(s): _____

Company/ Business Name (if applicable): _____

Mailing Address: _____

City, State, Zip: _____

Home Phone: _____ Cell: _____

Work Phone: _____ E-mail: _____

Tax I.D.#: _____ OR Social Security #: _____-_____-_____

Program Description

Program Type

Suitable for ages: (check all that apply)

	<u>Ages 2-5</u>	<u>Elementary</u>	<u>Middle School</u>	<u>HS</u>	<u>Adult</u>	<u>60+</u>
Seminar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arts and Crafts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health/Fitness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Program Title: _____

General Course Description: _____

Goals of the program: _____

Day(s) of Program: _____

Time (i.e. 7-9:00pm): _____

Dates of Program: _____

Length of Program (# of classes/weeks): _____

Type of room/space needed: _____

Materials needed by the participant (if any): _____

Instructor Supplies (if any): _____

Minimum/Maximum participants to run the program: _____ / _____

Instructor Fee: Negotiated with the Assistant Director and/or the Director of Parks and Recreation for Silver Spring Township

****Please provide an outline or lesson plan for the course on a separate sheet of paper***

PLEASE NOTE: If you are instructing a program dealing with children, you must submit a copy of your Criminal Background Check & Child Abuse History Clearance Forms to Silver Spring Township prior to the start of the class/program. Information is available through the Silver Spring Township Police Department.

Instructor Qualifications (you may attach a resume')

Experience/Knowledge of Topic: _____

Have you taught this program before? _____ If so, where? _____

References: Please included at least 3 references (two professional and one personal)

Name	Relationship	Contact Number	Year(s) known
1.			
2.			
3.			

Additional Comments/Remarks:

The Silver Spring Township Parks & Recreation Department reserves the right to edit and reject proposals. Once the proposal has been reviewed & accepted, you will receive a typed contract for the sessions approved to verify your services.

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 application shall be grounds for dismissal.

I agree to hold harmless and indemnify Silver Spring Township, the Cumberland Valley School District and Silver Spring Community Fire Company against any claim whatsoever arising from the use of any facilities or fields.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that result from furnishing same to you.

Signature

Date

To Submit Forms:

Please mail, e-mail and fax or drop off a copy to:

Silver Spring Township
Attn: Parks and Recreation Department
6475 Carlisle Pike
Mechanicsburg, PA 17050
Fax: 717-766-1696