

**City of Selah  
Parks and Recreation Department  
Instructor Qualification Form**

**Instructor Information**

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone Number: (Home):** \_\_\_\_\_ **(Cell):** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Class Proposal**

**Program Description:**

**Target Audience:** \_\_\_\_\_

**Program Length (please specify number of days/weeks):** \_\_\_\_\_

**Program Frequency: (please specify frequency, i.e., once a week, twice a week, etc.):** \_\_\_\_\_

**Program Time Preference (morning, afternoon or evening):** \_\_\_\_\_

**Program Day Preference (please specify a day(s) of the week):** \_\_\_\_\_

**Minimum Number of Participants:** \_\_\_\_\_

**Maximum Number of Participants:** \_\_\_\_\_

**Estimated Supplies Fee (how much will this program cost per person or overall cost?):** \_\_\_\_\_

**\*Please submit a document that includes your experience as an instructor with at least 2 references with name, phone number and e-mail address.**