



## PROGRAM PROPOSAL FORM

### 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: FIRE STATION TOWNSHIP ROOM PARK If park, list: \_\_\_\_\_

# of Participants to Run the Program: Min: \_\_\_\_\_ Max: \_\_\_\_\_

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

*\*Contract is a 75/25 split, you will receive 75% 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 WMT 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 WMT Parks and Recreation and no compensation shall be paid.

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

**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 [kpaul@wmtwp.com](mailto:kpaul@wmtwp.com) or drop off at the township building  
@ 380 E Berlin Road York, PA 17408.***