

Township of Egg Harbor
Department of Parks and Recreation
5045 English Creek Avenue
Egg Harbor Township, NJ 08234
(609) 272-8120

NEW CLASS PROPOSAL FORM

Instructor: _____

Address: _____ City: _____ Zip: _____

Phone #'s: (H) _____ (Cell) _____

Email Address: _____

Information listed below represents a proposal I am submitting for consideration by the Township of Egg Harbor Department of Parks and Recreation

Program/Class Title:

Course Description: (Full Program Description for Recreation Guide)

General Class Information:

First Choice:

Day(s) of week would like to offer class: M T W TH F # of Days per week: _____

Proposed Start Date: _____ Proposed End Date: _____

of Classes per session: _____ Time: From: _____ am/pm To: _____ am/pm

Second Choice:

Day(s) of week would like to offer class: M T W TH F # of Days per week: _____

Proposed Start Date: _____ Proposed End Date: _____

of Classes per session: _____ Time: From: _____ am/pm To: _____ am/pm

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Sessions Offered:

Winter (January-March) Spring (March-June)
Summer (June-September) Fall (September-December)

Please circle the sessions this program would be offered:

Age Group:

From _____ To _____ years From _____ To _____ years
From _____ To _____ years From _____ To _____ years

(Example: Adults 18 years and up but will also hold a child’s class from 8 to 17 years)

Minimum # of Students: _____ Maximum # of Students: _____

Facility Requirements:

Equipment/Supplies Instructor or students required to provide:

Equipment/Supplies Recreation Department required to provide:

Instructor Payment Information:

Instructor is employee of the Township of Egg Harbor. Salary will depend on qualifications/skills and proposed class (Salary range for an instructor/supervisor is \$15.00 to \$25.00 per hour)

• Volunteer Time/No Payment Requested: _____

Do you have CPR or First Aid Certifications? If so please attach copy of certification

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Have you taught this class before? Yes _____ No _____

If yes when? Where?

Please list any experience you have teaching this class or cross training experience that enables you the ability to teach the proposed class:

Please list at least 2 professional references:

Name	Organization	Contact Information
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please attach copies of any certifications you may have regarding this program.

This proposal should be attached to your employment application and returned to:
Township of Egg Harbor
Township Clerk's Office
Employment Application
3515 Bargaintown Road
Egg Harbor Township, NJ 08234