

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:

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Equipment/Supplies Instructor or students required to provide:

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Equipment/Supplies Recreation Department required to provide:

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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?

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

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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**