



Dear Prospective Contract Class Instructor,

Thank you for seeking interest in offering class(es) to the Cypress Community. We are excited to see your new and exciting class(es) proposal(s) you have to offer, along with your personal information which includes your experience and education.

Please complete the enclosed documents and return, attention to Kristina Freeman. If there is a need in the Cypress Community for the class you wish to offer than I will be contacting you after reviewing these documents. Thank you!



**CYPRESS RECREATION AND COMMUNITY SERVICES**  
 5700 Orange Avenue, Cypress, CA 90630 (714) 229-6780  
**INDEPENDENT CONTRACT CLASS PROPOSAL**



*All independent contract instructors are paid on a 65%/35% basis. The contractor retains 65% of class fees and the City of Cypress, Recreation Community Services retains 35%. All class proposals will be carefully reviewed. You may be contacted for more information. Please use one (1) form per proposed class. Thank you for your interest.*

NAME: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

DAY PHONE:(\_\_\_\_) \_\_\_\_\_ CELL PHONE: (\_\_\_\_) \_\_\_\_\_

**PLEASE LIST ANY OTHER AGENCIES THAT YOU HAVE CONTRACTED WITH**

Name of Agency:	Phone:	Current	Past
_____	(____) _____	<input type="checkbox"/>	<input type="checkbox"/>
_____	(____) _____	<input type="checkbox"/>	<input type="checkbox"/>

PROPOSED CLASS NAME: \_\_\_\_\_

APPROPRIATE PARTICIPANT AGE FOR THIS CLASS: \_\_\_\_\_

LENGTH OF SESSION: \_\_\_\_\_ HOURS EACH CLASS WILL MEET: \_\_\_\_\_

DAYS OF THE WEEK: M T W TH F SA SU FEE: \_\_\_\_\_

Please submit an outline or syllabus of what this class intends to cover, or use the space provided below.

\_\_\_\_\_

\_\_\_\_\_

Please indicate any special facilities needs (i.e. sink, access to outside, etc):

\_\_\_\_\_

Please return this form to the above address, attention Kristina Freeman

# INSTRUCTOR PERSONAL INFORMATION

<b>NAME:</b> Last	First	Middle	Other names used:
<b>ADDRESS:</b> No.	Street	City	State      Zip
<b>PHONE NUMBERS:</b>			
Home _____ Business _____ Cell _____			
Email _____			
* Email addresses will be used only to communicate with instructors			
<b>If the public has questions, can your telephone number be given out   YES ____ NO ____</b>			

<b>WHO TO NOTIFY IN CASE OF EMERGENCY:</b>		
Name: _____	Phone: _____	Relationship _____
Name: _____	Phone: _____	Relationship _____

COLLEGES or UNIVERSITIES ATTENDED	LOCATION	DATES ATTENDED	MAJOR/ MINOR	# OF UNITS	TYPE OF DEGREE
TRADE/BUSINESS SCHOOLS:					

What type of class(es) do you teach:

List any special training, licenses, certificates, and/or specific coursework experience you have that relate to the class(es) you will teach:

<b>PLEASE LIST TWO PROFESSIONAL REFERENCES</b>		
Name: _____	Phone: _____	Relationship _____
Name: _____	Phone: _____	Relationship _____

<b>ADDITIONAL REMARKS:</b>

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_