



## Proposed Special Interest Class Packet

Thank you for your consideration in joining the Community and Recreation Services Department team! It is our goal to offer the residents of Surprise and its surrounding areas quality programs and activities that promote diversity, culture, neighborhood, family, and education. It is the abilities and creativity of people like you who give our department an avenue to achieve this goal. Please read the following pages before filling out and signing the **Class Proposal Form** at the end of this packet.

### Contact Information:

Please fill out the contact information sheet as completely as possible. If the proposal is approved, a Social Security Card or Tax ID number will be required.

### Business License & Insurance/Payment for Services:

Independent Contractors must have a Surprise Business License and Insurance. Contracted Instructors will be paid by check from the City of Surprise upon the completion of their course and a submitted invoice. More information will be given at the time of the contract signing. Individuals who wish to teach a class without a business license or insurance will need to apply through the City as an Instructor when the job is posted through Human Resources.

### Name of Class:

The name of the class should be very basic, however please indicate if the course is defined by ability levels (i.e. Beginning Guitar, Intermediate Belly Dance). This will be the name that appears in the Recreation Times, Surprise's activities catalog.

### Course Description:

The course description should be no more than 100 words, and will also appear in the Recreation Times. The description should include: what service will be provided, what level of experience the course will instruct, a list of prerequisites required (if necessary), and whether or not special equipment or clothing is required.

### Minimum/Maximum Class Size:

Please indicate the minimum number of participants required and the maximum number of participants allowed in the course.

### Ages:

Please indicate what ages you are limiting the course to.

### Time needed per class:

Indicate the length of the individual classes i.e. 45 minutes

### Programming Seasons:

The City of Surprise Community and Recreation Services Department's classes run and are marketed by three separate seasons. The seasons are: Fall (Sep- Dec), Winter/Spring (Jan-April), and Summer (May-Aug). The cut off date to turn in information for a particular season is twelve weeks before the 1<sup>st</sup> day of that season.

**Scheduling Preference:**

Please indicate the amount of classes you will teach in one session. Please list the amount of classes per week and the amount of weeks it will take to complete the course. If it is a one time activity please indicate "1 /week for 1 week."

**Space Needed:**

Please indicate the type of area you will need for the course.

**Supplies/Special Equipment Needed:**

Indicate what supplies are needed for the course. All of the supplies will be purchased by the City of Surprise based on the enrollment. The supplies are purchased and retained by the City of Surprise. Also, please indicate if there are any course specific equipment needed (i.e. a piano, chalkboard).

**Instructor Availability:**

In this area please indicate which days and nights you would be available to provide the program. Keep in mind that there are several courses currently being offered throughout the City of Surprise, and space is often limited. It is easier for the Community and Recreation Services Department to find an available facility for the class if the instructor is flexible in the hours he/she can provide the service. Please check the seasons that you are available as well.

**Instructor Fee:**

Instructor fees must be determined by the instructor and must be billed per person or per class. Once the Instructor fees are determined the class fees can then be determined. Class fees will include all cost of the program which will include but not limited to: instructor fees, advertising costs, additional staff if needed, facility rental fees and class supplies. All classes must be 100% recoverable.

Please recommend a class fee and if your proposal is accepted, the Recreation Coordinator and Instructor will then determine a fee that is agreeable and best for the program participants.

**Prior Experience:**

Please list experience and training that you have that relates to the subject you will be instructing. Feel free to attach a resume and references. Also list any certifications you have that relates to the class subject, please include CPR/First Aid certification. The Community and Recreation Services Department will contact your references.

**Review Process:**

Once the class proposal form is submitted to the Recreation department the class is reviewed based on course demand, class times, instructor fee, dates, time, and facility availability. If your course is a good fit for the city you will be brought in for a meeting with a recreation staff to look at the course more thoroughly. At this time you will be asked to present a detailed lesson plan for the duration of a session. If the course is not selected due to times/ facility conflicts your proposal form will be held onto for one full year from the date of submission in case a facility becomes available or can be offered in a different session.

**If you have any questions while filling out the following form please  
call (623)222.2268**



## SPECIAL INTEREST CLASS PROPOSAL FORM

Return this portion of the packet to: City of Surprise Community & Recreation Services  
 Attention: Special Interest Classes Stacy Cieszynski or Daniel Luvisi  
 15960 N. Bullard Avenue, Surprise, AZ 85374  
 Phone: 623-222-2000 Fax: 623-222-2001  
 E-mail: [stacy.cieszynski@surpriseaz.gov](mailto:stacy.cieszynski@surpriseaz.gov) or [daniel.luvisi@surpriseaz.gov](mailto:daniel.luvisi@surpriseaz.gov)

### Contact Information

Name:	
Address:	Apt #:
City:	Zip:
Day-time Phone:	Night-time Phone:
Cell Phone:	Email Address:

### Surprise Employee Referral

Do you have a family member that is currently employed by the City of Surprise? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What department does the family member work in?	
How are you related?	What is the family member's name?

### Business License & Insurance

Do you have a Surprise Business License?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have a current Certificate of Insurance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

### Proposed Class Information

Name of Class:
Course description (100 words or less):

Minimum participants required:	Maximum participants allowed:
Ages:	Time needed per class:
Sessions Available	January-April      May-August      September-December
Scheduling Preference (once a week, twice a week, etc.):      / week for      weeks	
Facility Type    Field    Outside Area    Classroom    Dance Room    Gym/Multipurpose Room	
Supplies/Special Equipment Needed (attach additional sheet if needed):	
Supply list should contain supplies for the duration of the class session. All requests will be reviewed by Recreation Staff	

## Instructor Information

	Days	Mon	Tue	Wed	Thu	Fri	Sat
Instructor Availability	AM						
	PM						

Instructor Fee:

## Prior Experience

Please list prior experience or training in proposed class material.

Agency:	Contact:	Phone #:
Description:		Dates:
Agency:	Contact:	Phone #:
Description:		Dates: