



City of Pico Rivera  
Department of Parks & Recreation

## Contract Class Proposal

### INSTRUCTOR INFORMATION (to be submitted annually)

Name: \_\_\_\_\_  
*First Last M.I. Other names used:*

Address: \_\_\_\_\_  
*Street Apt. City Zip Code*

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Instructor must have access to a computer and a working email is required.)

Day Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Business or organization affiliation: \_\_\_\_\_

Website Address: \_\_\_\_\_

Relevant Experience:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### PROPOSED CLASS INFORMATION

Class Name (As will appear in the Activity Brochure) \_\_\_\_\_

Class Description:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are students expected to bring/wear to class:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Class Objective:  
(What will the participant learn/what are the benefits of taking this class?)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PROPOSED CLASS INFORMATION (continued)**

Class Age Range: \_\_\_\_\_ Class Min: \_\_\_\_\_ Class Max: \_\_\_\_\_

Proposed Class Day: \_\_\_\_\_ Proposed Class Time: \_\_\_\_\_

Numbers of Class Meetings: \_\_\_\_\_ Number of Weeks: \_\_\_\_\_

Class Fee: \$ \_\_\_\_\_ Materials Fee (If any): \$ \_\_\_\_\_

(Review terms in COMPENSATION 9.2) Please choose how insurance will be provided:

- Instructor to provide their own insurance. (To provide prior to start of class)
- City to provide Insurance for instructor.

If a material fee is needed, please list materials participants are paying for:

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Material or equipment participants must provide (If any):

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Do you have any special needs or requirements to teach this class?

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Facility/Space Desired:

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Other agencies/organizations you have contracted with or worked for (if relevant):

1. \_\_\_\_\_ Supervisor's Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_
2. \_\_\_\_\_ Supervisor's Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_
3. \_\_\_\_\_ Supervisor's Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Please attach a copy of your resume, certificates, or any supplemental information if it pertains to your proposed activity.

Return forms to Contract Classes P.O. Box 1016, Pico Rivera, CA 90660.  
Please call (562) 801-4932 or email [eruiz@pico-rivera.org](mailto:eruiz@pico-rivera.org) with any questions.

*Submittal of forms does not guarantee proposal will be accepted.*

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**