



Class Proposal

Use one Class Proposal Form for EACH class offering
 Read the Volunteer Instructor Agreement before completing

Name: _____ Address: _____
Last First MI Street City State Zip Code

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail: _____ Fax: _____ Have you instructed this class before? Yes No

Proposed Class Title: _____ **Min:** (students) _____ **Max:** (students) _____

NOTE: Please limit titles to 35 characters.

Proposed Class Description:

NOTE: Please limit class description to approximately 200 characters.

Class Scheduling: Fall: 9/28/2009 – 11/04/2009; Winter: 1/26/2-10-3/04/2010; Spring 4/19/2010 – 5/27/2010

SESSION	DAY	TIME	WEEK TO BEGIN	# OF CLASSES	LOCATION	STUDENT AGE
<input type="checkbox"/> Fall	<input type="checkbox"/> Monday	<input type="checkbox"/> 7:00 – 9:00 p.m.	<input type="checkbox"/> First <input type="checkbox"/> Second	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> Hillside	<input type="checkbox"/> Adult (18+)
<input type="checkbox"/> Winter	<input type="checkbox"/> Tuesday	<input type="checkbox"/> 7:00 – 8:00 p.m.	<input type="checkbox"/> Third <input type="checkbox"/> Fourth	<input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Timberline	<input type="checkbox"/> Youth
<input type="checkbox"/> Spring	<input type="checkbox"/> Wednesday	<input type="checkbox"/> 8:00 – 9:00 p.m.	<input type="checkbox"/> Fifth <input type="checkbox"/> Sixth	<input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> West	<input type="checkbox"/> Youth & Adult
	<input type="checkbox"/> Thursday				<input type="checkbox"/> No Preference	<i>Specify age:</i>

NOTE: Any instructor who wishes to have students age 17 or under in their class MUST complete a Disclaimer and Release form allowing the Boise School District to conduct a background check, (REGARDLESS of any previous background checks conducted by other organizations) and be fingerprinted for an FBI Criminal History Check.

Materials:

- Students will purchase the materials listed below.
- Instructor will purchase the materials listed below and be reimbursed by Community Education.

Item	Vendor (where purchased)	Quantity	Cost (per student)
(Attach list of additional items, if necessary)		TOTAL	

Room Requirements: (open space, music room, kitchen, etc.)_____

Equipment Needs: (computer, projector, TV, etc.)_____

Instructions for Students: (items to bring to class, etc.)_____

Assistants: (Anyone assisting you with this class. Assistants must complete an Instructor Application)

First Name	Last Name	E-mail	Phone	Alternate Phone

(Attach list of additional names, if necessary)

I verify that I have read and understand the Boise School District Community Education Program Volunteer Instructor Agreement and have designed my class to meet the established criteria.

 Instructor's Signature

 Date