

## **CITY OF WEST COVINA**

## **COMMUNITY SERVICES DIVISION**

## INTENT TO INSTRUCT APPLICATION

To be considered for the Winter 2024-2025 session, your application must be complete. **Submitting an application does not guarantee your class will be offered**. **Submit an additional application for each class topic you would like to propose.** While we accept applications continuously, if you wish to be considered for the Winter 2024-2025 session please submit your application by Friday, September 27, 2024. Please include all certifications that are applicable to the program. Applications must be mailed or dropped off at the Cameron Community Center, 1305 E. Cameron Ave., West Covina, CA 91790. You may also email your application to the Community Services Division at westcovinarec@westcovina.org. For more information, please contact the Community Services Division at (626) 919-6966, Monday-Friday 9:00 a.m. – 5:30 p.m.

CONTACT NAME:		BUSINESS/NON-PROFIT NAME:				
Please indicate the	type of organization	า:				
■ Individua	Sole Proprietor	r  Corporation	■ Non-Profit			
ADDRESS:		CITY:		ZIP:		
HOME:	WOF	RK:	CELL:			
EMAIL:			WEBSITE:			
CLASS TITLE:		FACILITY PREFERENCE:				
CLASS DESCRIPT	TON:					
			I 0			
Desired Start Date	Desired End Date	Day of the week	Start & End Time	Number of weeks	Age group	
L ARE THERE ANY I	 DATES WHEN CLA	  SSES WILL NOT	BE HELD?			
NOTE: Winter class	ses will be held Nov	ember 2024 -Janu	uary 2025. <b>City Fa</b> c	cilities will be close	ed on	
	vember 29, & Dece		The state of the s			
			_	_		
Please check desir	ed room set-up:	☐ CLASSROC	OM DOPEN SPA	CE DOTHER_		
Special Equipment	Needed by Instruct	or:				

Students Should Supply the Follow	ving:				
Class Minimum:	Class Maximum:				
CLASS FEES	If you choose to include a mate  MATERIAL FEE: \$	rial fee, please provide an iter			
Class fee per person: \$	I ILEIII WILII DIIEI DESCIIDIIOII		Cost per Unit		
NEW INSTRUCTOR REFE	RENCES:				
	Phone Number:	Relationship	D:		
2. Name:	Phone Number:	Relationship	:		
General Information					
<ul> <li>deadline, etc.)</li> <li>Proposals and attachments</li> <li>Each instructor is required to a brochure, regardless of the nu for the class, or the class is a second of the class of the class of the number of the class, or the class is a second of the classes will need to classes that are cancelled due circulation.</li> <li>The City of West Covina hand</li> </ul>	may not be submitted in lieu of the attend the first-class meeting of all clamber of actual students enrolled unled 1- or 2-day workshop. Setting regist of be held on any City of West Coving an what is advertised in the brochure to low or no enrollment for two considers all registration of classes. Instruction	e Intent to Instruct Application asses advertised in the City of ess instructor advertises a registration deadlines is strongly a observed holidays. will be permitted. secutive quarters will be taken tors are not permitted to collect	west Covina stration deadline recommended.  out of		
circumstance with the exception	on of material fees. 100% of the mate	erial fee goes to the instructor.	·		
	The City of West Covina will pay the instructor an amount equal to 65% of the base class fees collected.  All instructors must go through background checks and live scans.				
<ul> <li>All instructors are required to p Molestation.</li> </ul>	provide insurance including General I	_iability, Endorsement, and Se	exual Abuse and		
Completing this form is <b>NOT</b> completing the completing this form is <b>NOT</b> completing the completing this form is the completing the completing this form is	confirmation that your class has been	approved.			
I have read and understand this that my class has been approved agreement prior to instruction.		•			
Signature:		Date:			