



TOWN OF WATERTOWN CONNECTICUT
HUMAN, SOCIAL & LEISURE SERVICES
Recreation • Crestbrook Park GC • Parks • Foodbank • Social & Senior Services
 61 Echo Lake Road, Watertown, Connecticut 06795-2629
 Main Office (860) 945-5246 FAX (860) 945-4734



Do you have a talent or skill that you'd like to share with others? The Town of Watertown Parks and Recreation Department invites you to submit a program proposal for a future class. We recruit instructors to teach a wide variety of classes that provide the community with positive recreation experiences! We offer programs throughout the year in a variety of locations, to a wide range of ages and ability levels as part of our department's mission to "enhance the quality of life for all residents."

Proposals are considered for review based on factors including but not limited to community demand, relevance to Town objectives, existing courses, and potential for cost recovery. Application does not guarantee acceptance.

Name: _____ **Date:** _____

Address: _____

Email: _____

Website: _____

Please list all education, certifications, and experience relevant as it pertains to becoming an instructor for the Watertown Parks and Recreation Department.

Submission deadlines are as follows:

Fall Program Proposals must be submitted no later than August 1

Winter and Spring Proposals must be submitted no later than December 1

Summer Program Proposals must be submitted no later than April 1

Proposed Class/Program Questionnaire

The information you provide may be altered to best serve the community, coincide with facility availability and fit the direction of the department.

Proposed Class Title: _____

Have you taught this class or a class similar to this before? Yes or No

YES. If so, where and for who? Please provide contact name and number.

Creative description of program (this could appear on advertising).

What are the class benefits for the participants?

Program Length: (Please specify number of days and/or weeks)

Program Frequency (Please specify frequency, i.e. once a week, twice a week, etc.)

Program Time Preference (Please specify time of day, i.e. morning, afternoon, evening)

Program Day Preferences (Please specify a day(s) of the week)

Min # of participants per session/class: _____ Max # of participants per session/class: _____

Age requirements: _____ to _____ years old

Type of venue: (i.e. Classroom, Park Pavilion, Athletic Field, etc.) _____

List your desired rate of pay for instructing the class: _____

(Some programs we do a percentage split with instructor)

What materials will you supply? If you do not supply materials, please list the materials participants will need. _____

Additional Information (not required but highly recommended)

We encourage potential instructors to consider submitting the following additional information if applicable.

- Current Resume
- Insurance Coverage
- Brief lesson plan for at least one class session
- Proposed handouts
- Flyers, brochures, or advertising used for your class
- Photos or samples of class

Program proposals may be mailed to: Watertown Parks and Recreation Office 61 Echo lake Road, Watertown, CT 06795 or emailed to: godfrey@watertownctct.org