

EDUCATION, EMPLOYMENT, EXPERIENCES, ACHIEVEMENTS related to the proposed service. Include certifications, licenses, special training, recognition, etc.

ACTIVITY	DATES	LOCATION	DESCRIPTION (IF NEEDED)

PROGRAM/SERVICE DESCRIPTION & SPECIFICS

1. Description of proposed Program or Service.

2. Any program specific supplies that we would need to purchase for the program?
These costs would need to be factored into the participant fee.

3. Are there any program specific equipment and/or type of facility needed?

4. What are appropriate student ages of for your program? What is the minimum # and maximum # of students you can have in the program at one time?

5. # of weeks - most classes vary from 4-10 weeks. Length of each class?

6. What is your rate of pay? Keep in mind, this is used to calculate the fees for the program.

7. What do you think is a reasonable fee to charge a participant to take this class?

REFERENCES – List persons other than relatives, who are willing to certify your ability, experience, and qualifications for this position.

Name:						
Address:						
Phone:	H	()	W	()	C	()
Email:						
Name:						
Address:						
Phone:	H	()	W	()	C	()
Email:						
Name:						
Address:						
Phone:	H	()	W	()	C	()
Email:						

NOTIFICATION

Applicants will receive no communication from the Recreation and Parks Department until a vacancy exists for which the applicant is qualified. Applicants will be placed in an active file for one year following receipt of application.

APPLICANT CERTIFICATION STATEMENT

I certify that, to the best of my knowledge and belief, the information given truly represents my background and experience. I understand that if I have knowingly misrepresented or falsified any of the application information I may be disqualified for employment consideration or dismissed from employment with the Recreation and Parks Department.

I authorize my current and former employers to give any information regarding my employment, together with any information regarding me whether or not it is on their records. I hereby release them from any damage whatsoever for issuing such. I also permit the Town of Carrboro to conduct a Police and Court Records investigation of my background.

Signature

Date

Please mail to: Attention: Programs Division
 Carrboro Recreation and Parks Department
 100 North Greensboro Street
 Carrboro, NC 27510