

Do you have a talent or skill that you'd like to share with others? The City of Bristol 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 Bristol residents."

**Program proposals may be mailed:**

Parks and Recreation Office  
2<sup>nd</sup> Floor City Hall 111 North Main St.  
Bristol, CT 06010  
Attn: Jessie Caetano, Recreation Coordinator

**Program proposals may be e-mailed to:**

[JessieCaetano@bristolct.gov](mailto:JessieCaetano@bristolct.gov)

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

**Application Information**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

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

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**Submission Deadlines are as follows:**

**Fall Program Proposals** must be submitted no later than August 1st

**Winter Program Proposals** must be submitted no later than November 1st

**Spring Program Proposals** must be submitted no later than January 1st

**Summer Program Proposals** must be submitted no later than March 1st

**Proposed Class Information**

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Describe proposed class information here. 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 \_\_\_\_\_

Creative description of program (*this would appear on advertising*):

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What are the class benefits for the participants?

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

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

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

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

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1st Choice: Day(s) Su M T W TH F Sa Duration (time): \_\_\_\_\_ Duration (weeks): \_\_\_\_\_

2nd Choice: Day(s) Su M T W TH F Sa Duration (time): \_\_\_\_\_ Duration (weeks): \_\_\_\_\_

3rd Choice: Day(s) Su M T W TH F Sa Duration (time): \_\_\_\_\_ Duration (weeks): \_\_\_\_\_

Minimum # of participants per session/class: \_\_\_\_\_ Maximum # of participants per session/class: \_\_\_\_\_

Age Requirements: \_\_\_\_\_ to \_\_\_\_\_ years old

Type of Venue (i.e. Classroom, Park Pavilion, Athletic Field, etc.)

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List your desired rate of pay for instructing the class \_\_\_\_\_

Will you provide your own materials? If no, please list the materials needed \_\_\_\_\_

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**Additional Information (not required but recommended)**

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

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