



670 Colton Avenue • Colton, CA, 92324 • (909) 370-6153

CONTRACT CLASS INSTRUCTOR APPLICATION

GENERAL INFORMATION

Instructor's Name _____
 Address _____ City _____ Zip _____
 Social Security # or Tax ID # _____
 Day Phone _____ Evening Phone _____
 Email _____ Website _____
 CA Driver's License _____ Exp. _____

Have you ever been convicted of any charges other than minor traffic citations? _____
 List and discuss any convictions: _____

QUALIFICATIONS

EDUCATION

Highest High School Grade Completed 9 10 11 12 GED

COLLEGE/UNIVERSITY	DATES ATTENDED	MAJOR	DEGREE

CURRENT OR RECENT EXPERIENCE RELATED TO PROPOSED CLASS

EMPLOYER	PHONE	DATES EMPLOYED	JOB TITLE/DUTIES

Professional training, certifications, licenses related to proposed class: _____

CLASS PROPOSAL

Class Title: _____

Class Description: _____

CLASS SPECIFICS

Targeted Age Group: _____

Minimum Number of Students: _____

Number of Classes Per Week: _____

Maximum Number of Students: _____

Preferred Class Day(s): _____

Proposed Class Fee: _____

Preferred Class Time(s): _____

Additional Materials Fee: _____

1. Are you requesting to use a City facility? Yes or No

a. If no, where do plan to teach this class? _____

Would you be able to provide a \$1,000,000 liability insurance policy naming the City of Colton additionally insured?

b. If yes, what are your proposed facility requirements?

Number of Tables _____

Number of Chairs _____

Are electrical outlets needed? _____

REFERENCES

Contact Person: _____

Telephone: _____

Title: _____

Business: _____

Contact Person: _____

Telephone: _____

Title: _____

Business: _____

Contact Person: _____

Telephone: _____

Title: _____

Business: _____

I, the undersigned, agree to indemnify and hold the City of Colton, its officers, agents and employees harmless from and against any and all liability resulting in injury which may be suffered by me arising out of or in any way connected with my participation in the conducting of the above listed activities at City of Colton facilities, save and except for the sole negligence or intentional misconduct of the City or its employees.

It is understood and agreed that there is no relationship of employer-employee for Worker's Compensation purposes between the City of Colton and me or any other person connected with me in conducting the above listed activities unless, such person is otherwise regularly employed by and conducting official business of the City of Colton.

Signature _____

Date _____

