## Class/Program Instructor Application (Contract)

an adult to teach a class/program.



417-988-0810 khaynes@rogersvillemo.org

Personal Info	rmation		
Full Name:		Date of Birth:	
Address:			
Email:		Phone:	
Class/Program Information			
Class/Program	Proposed:		
Participant Cost Proposed:		Desired Salary Per Class:	
Dates Requeste	d:		
Educational B	ackground		
Degree	Institution	Year of Com	pletion
Professional background			
Company Name	Job Title	Responsibilities	Work Duration
Anything you	want to add to your applic	cation?	
Attachments:	Resume/CV Attachmen	nt Cover Letter Att	achment Portfolio
Declaration:	application I confirm that the		
information provid that any false state volunteering. A bac	application, I confirm that the ed is accurate, and I understand ments may disqualify me from ckground check may be needed. old or older, OR accompanied by	Signature	Date