

Recreation

Office Use Only

Received:

RECREATION PROGRAM PROPOSAL

Hermiston Parks and Recreation continually searches for new courses and instructors. If you have a particular talent or skill that you would like to teach others and earn a little extra money at the same time, complete and submit this form. We facilitate programs and services throughout the year in three (3) programming seasons; Fall, Winter, Spring/Summer. The duration of each program varies depending on the subject and intensity. Some programs are scheduled to meet once a week for six weeks while others last only a day. While there are professionals on staff that can lend their expertise, the program is yours to create.

Staff will assist you in determining the length, demographic, location, and fee. Proposal submissions are reviewed by Hermiston Parks and Recreation staff. If your proposal is accepted, you will be contacted by a Recreation Supervisor or Recreation Coordinator to schedule a time to come in and discuss the proposal. If your proposal is not selected, a staff member will contact you in writing. Contract or seasonal hire options are available.

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Contact Person							
Company Name (if any)							
Address							
Phone							
E-mail Address							
		Prog	RAM INFO	RMAT	ION		
Program Name							
Program Description Please be brief and accurate and include the purpose and goal of the program. The department reserves the right to make changes.							
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Facilitator Name(s) Attach list if needed.							
ne	Age Range						
0	Grade Range	Pre-K and K		Elemei	ntary (1-3)	Elementary (4-5)	
Pick One		Middle School	(6-8)	High S	school (9-12)		
Gender		Males	Females		Any		
Parl	icipants	Minimum					
•		Maximum					
Proposed Program Fee Subject to Supervisor Approval		Maximum					
Supply List List storage, facility needs and participant supplies.		Supplies you will provide:		Supplies needed to purchase:			

Activity Notes				
Please list all items that				
participants need to bring, wear,				
etc. Attach list if needed.				
Please list all questions				
participants are required to				
answer during registration.				
Attach list if needed.				
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Season (check only one)	Spring/Summer	Fall	Winter	
	May-August	Sept-Dec	Jan-April	
Preferred Location	Hermiston Community Center		<u> </u>	
Please list any space requirements or				
setup needs.	Park			
·				
	Athletic Field(s)			
Marketing Plan				
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Please list plan for marketing, including flyers,				
social media etc. Program will be included in				
seasonal program guide.				
Additional Comments				
Number of Sessions Offered				

Please complete the below section(s), as needed, for each session.

PROGRAM DATES AND TIMES								
Program Day(s)	Monday	Tuesday	Tuesday Wednesday		Thursday			
	Friday	Saturday	Sunday					
Program Date(s)								
Times	Start Time			End Time				
Setup/Breakdown Time	Setup		Breakdown					
Registration Close Date								

Please attach a current resume that includes past experience, paid or unpaid, that qualifies you to teach this program. Please include personal and professional references.

Click here to Submit this Form! or turn into Parks & Recreation Department