Charles County Department of Community Services
8190 Port Tobacco Road
Port Tobacco, MD 20677

Leisure Class Instructor Questionnaire

Subject you are interested in teaching/instructing: _____

Special classroom facilities/equipment needed: _____

Minimum and maximum number of participants: Min: _____ Max: _____

Should participants bring own supplies? _____ Yes (list items and cost on separate page)
_____ No

Circle the age group(s) best suited for the class: Infant - 2 3 - 5 6 - 10 11 - 14 15 - 17 18 - 35 36 - 54 55+ *ALL*

Circle session(s) available:

Fall	Winter	Spring	Summer
Sept - Dec	*Jan - March*	*Apr - June*	*July - August*

Circle day(s) and time(s) you are available: (M = Morning A = Afternoon E = Evening)

DAY:		TIME:	Number of Weeks:	Class Length:
Monday	M - A - E	_____	_____ 4 weeks	_____ 1/2 hour
Tuesday	M - A - E	_____	_____ 6 weeks	_____ 1 hour
Wednesday	M - A - E	_____	_____ 8 weeks	_____ 1 - 1/2 hours
Thursday	M - A - E	_____	_____ other	_____ 2 hours
Friday	M - A - E	_____		_____ other
Saturday	M - A - E	_____		

List below (or attach) a brief lesson plan/syllabus of each session highlighting desired accomplishments:

_____

_____

_____

_____

_____

I hereby acknowledge that if I am selected as a class instructor, I will be required to submit to a Criminal Background Investigation (CBI) including fingerprinting.

_____ _____ _____
Printed Name of Applicant Signature of Applicant Date

_____ _____
Address City, State and Zip Code

_____
Home Phone Number Work Phone Number Cell Phone Number

E-mail addresss: _____

Additional Information: _____

_____

_____

(Please submit separate form for each subject to be taught)

For further information call: 301-934-0132