



City of Pullman, Parks, Facilities, & Recreation

240 SE Dexter St, Pullman WA 99163

509-338-3227 recreation@pullman-wa.gov www.pullmanparksandrec.com

Instructor Interest Form

The City of Pullman, Recreation Department is always looking for quality instructors to enhance the variety of classes and workshops offered throughout the year. Our recreation staff will work with you to make the experience of teaching in Pullman enjoyable and rewarding.

Instructor Information:

Instructor Name: _____

Business Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone 1: _____ Phone 2: _____ Phone 3: _____

Email: _____

Class Information:

Season(s) you are interested in teaching (*you may choose more than one*):

- Fall (September, October, November, December)
- Winter/Spring (January, February, March, April)
- Summer (May, June, July, August)

Age Group you are interested in teaching (*you may choose more than one*):

- Infant
- Preschool
- Youth

Type of class you are interested in teaching (*you may choose more than one*):

- | | |
|--|--|
| <input type="checkbox"/> Animals/Pets | <input type="checkbox"/> Music |
| <input type="checkbox"/> Arts/Crafts | <input type="checkbox"/> Nature |
| <input type="checkbox"/> Computers | <input type="checkbox"/> Outdoor Skills |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Childcare Provider Training |
| <input type="checkbox"/> Dance | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Enrichment/Hobby | <input type="checkbox"/> Safety |
| <input type="checkbox"/> Finance/Investing | <input type="checkbox"/> Senior Adult Classes |
| <input type="checkbox"/> Fitness/Exercise | <input type="checkbox"/> Science |
| <input type="checkbox"/> Foreign Language | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Games | <input type="checkbox"/> Theatre |
| <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Health/Wellness | _____ |
| <input type="checkbox"/> Martial Arts | _____ |

Class Title: _____

Please describe your skills, certifications, degrees that qualify you to teach this type of class: *(please be detailed)*

Class Description:

Please describe any special space, equipment, or facility requirements you would need for this class: *(please be detailed)*

Minimum number of students: _____ **Maximum number of students:** _____

Preferred Class Day(s) (i.e., Monday, Tuesday and Thursday): _____

Preferred Time of Day: _____ **Number of Weeks:** _____

Proposed Length of Class (hours): _____ **Proposed Instructor Fee:** _____

Is a supply fee required: Yes No **How much?** _____

Please attach any additional materials. (i.e. supply list, photo of projects)