



# BV Rec Program Proposal

Date: \_\_\_\_\_

Instructor Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

1. Description of Proposed Program:

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2. Are there similar classes currently being offered in the private sector? Where and when?

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3. Are there similar classes currently being offered in the public sector? Where and when?

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4. Explain how your program can uniquely benefit the community in a way the existing classes cannot.

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5. Instructors Qualifications (Please attach resume if necessary):

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6. Are you currently CPR/First Aid Certified? (Yes/No) If yes, please attach a copy of your certifications. Yes ☐ No ☐

7. If applicable, please list your certifications:

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Please attach a copy of any relevant certifications.

8. Are there any prerequisite requirements for class participants (age, gender, abilities)? If yes, list below.

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9. Will specialized equipment be required for the class? If yes, list below.

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10. Proposed class time/day of the week: \_\_\_\_\_ Alternative time/day: \_\_\_\_\_

11. Proposed class cost for clients: \_\_\_\_\_ Rationale: \_\_\_\_\_

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12. Target attendance per class: \_\_\_\_\_ Minimum: \_\_\_\_\_ Maximum: \_\_\_\_\_

13. Proposed Class Location: \_\_\_\_\_ Alternative Location: \_\_\_\_\_

14. Are you looking to be a contract worker or an employee of the town? Please explain why.

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15. Can the Instructor provide a current Certificate of Liability Insurance Coverage? (Yes/No). If yes, please attach.

Other notes/questions/comments: