



**Skowhegan Parks & Recreation Department**  
**New Program Proposal Form**  
(One Form needed for each class offered)

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

Organization: \_\_\_\_\_

Address: \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Information listed below represents a proposal I am submitting for consideration by the Town of Skowhegan Parks & Recreation Department.

**Class/Program Title:** \_\_\_\_\_

**PROGRAM/CLASS DESCRIPTION**

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**GENERAL INFORMATION**

Weekday(s) this class is offered: SU M T W TH F Sa

Location/Room/Field \_\_\_\_\_

Proposed Start Date \_\_\_\_\_ Proposed End Date \_\_\_\_\_

Beginning Time \_\_\_\_\_ Ending Time \_\_\_\_\_

Please circle the **seasons** this program would be offered.

WINTER     January-March  
SPRING     April-June  
SUMMER     June-August  
FALL         September-December

Please describe the ages or grades the program would be offered for.

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Min.# of participants: \_\_\_\_\_

Max.# of participants: \_\_\_\_\_

Proposed Fee Charged per participant for program \$\_\_\_\_\_ plus \$5.00 administrative fee.  
\*Additional fee will apply if participant is not a Skowhegan resident.

**SUPPLIES & EQUIPMENT**

Facility Requirements

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Equipment or supplies provided by the Instructor

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Equipment or supplies provided by the Recreation Department

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**INSTRUCTOR PAYMENT INFORMATION**

How instructor would like to be paid for services rendered: (please choose one option)

- Proposed fee as stated above.
- Volunteer Time/No Payment Requested

\*Once proposal is approved you will be contacted by the Director to proceed.

If the instructor is receiving more than \$600 from the Town for services you must complete the State of Maine Predetermination of Independent contractor application and provide the town of state status prior to getting paid by the Town. <http://www.maine.gov/wcb/forms/WCB-266.pdf>

Do you have CPR/First Aid certification? CPR \_\_\_\_\_ First Aid \_\_\_\_\_

Do you currently possess Commercial Liability Insurance? \_\_\_Yes \_\_\_No

Have you taught this class before? \_\_\_Yes \_\_\_No

If yes, when? Where? \_\_\_\_\_

Please explain experience you have teaching this class or experience that enables you the ability to teach the proposed class.

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Please list at least 2 professional references.

1. Name \_\_\_\_\_ Organization \_\_\_\_\_

2. Name \_\_\_\_\_ Organization \_\_\_\_\_

Instructor Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please Return To:**

Skowhegan Parks & Recreation Department  
Attention: Recreation Director  
225 Water Street  
Skowhegan, ME 04976  
skowrec@skowhegan.org

<p><b>Director Use Only:</b> ___Approved ___Denied Signature: _____ Date: _____</p>
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