



Greendale Park and Recreation Department

5647 Broad Street, Greendale, WI 53129 (414)-423-2790

Course Offering Proposal & Background Check Information Form

Name: _____ Date: _____

Address: _____ City: _____ Zip: _____

Date of Birth: _____

Telephone: Day # & ext: _____ Evening Phone: _____

eMail-Please print: _____ Fax: _____

Course Name/Activity: _____ What age group: _____

With or without parent: _____

Description (Write it as a sales promotion-continue on back of sheet if more room is needed):

Audio/visual/computer equipment needed for class? _____

Other needs from the department? _____

Day(s) you would like the course to be offered: _____ Number of Sessions: _____

Start Time: _____ End Time: _____ Start Date: _____ End Date: _____

Your salary expectation: \$ _____ per hour or \$ _____ per student

Would your course/activity require material or user fee? Yes No

If yes how much per participant? _____ Minimum/Maximum # of students in class: _____

List your qualifications to teach this course/class (feel free to attach a resume):

By completing this form and providing the above information, I give Greendale Park and Recreation permission to obtain a background check on me.

Signature: _____ Date: _____

Please remit to the Greendale Park and Recreation Department for consideration. The department will contact you if there is interest for the class.