

NEW INSTRUCTOR INFORMATION FORM

Instructor Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Phone Number: _____ Alt. Phone Number: _____

*Email: _____ Fax Number: _____

* *must provide*

In order to determine if your proposed class would be of a positive benefit either educationally or recreationally to the residents of Yorba Linda, please answer the following questions:

Please describe your educational background or experience as it relates to your proposed class:

Please explain why you believe that your proposed class would be a benefit to the Yorba Linda community:

Please list previous classes taught by you:

Class Name: _____

Class Name: _____

Organization: _____

Organization: _____

Site: _____ Dates: _____

Site: _____ Dates: _____

Supervisor: _____

Supervisor: _____

Phone Number: _____

Phone Number: _____

Please list three (3) references:

First Name: _____

Last Name: _____

Phone Number: _____

Relationship: _____

First Name: _____

Last Name: _____

Phone Number: _____

Relationship: _____

First Name: _____

Last Name: _____

Phone Number: _____

Relationship: _____