



CITY OF DALY CITY

DEPARTMENT OF LIBRARY AND RECREATION SERVICES
111 LAKE MERCED BOULEVARD
DALY CITY, CA 94015
650.991.8001

Interest to Teach A Contracted Class Form

Submission Date: ___/___/20___ (Please e-mail fully completed form to: lpeay@dalycity.org)

Name: _____
First Middle Last

Phone: (____) _____ - _____ Title: _____

E-Mail: _____ Cell: (____) _____

Company/Organization: _____ Webpage _____

Address: _____

City: _____ State: _____ Zip: _____

Area of Expertise: _____

Proposed Class Title: _____

Quarter Start Preferred? (Check one) Winter Spring Summer Fall

Category Focus: (Please check one below)

- Improving Health and Wellness** – Fitness, Mind/Body Activities. Aerobics, Healthy Habits, Nutrition, Strength Training, etc.
- Fostering Human Development** – Dance, Preschool, Life Enrichment, Cultural, Art, Skill Building, Languages, etc.
- Strengthening Safety and Security** – Martial Arts, Fall Prevention, Safe Habits, Crime Reduction, etc.
- Recreation Experiences and Social Connection** - Sports, Trend Fitness, Choral Groups, Music, etc.

Audience: Active Adults/Senior Adult Teens Youth **Age focus:** Min ___ to Max ___

Day (s) interested in teaching: Mon Tues Wed Thur Fri Sat Sun
Times: _____ a.m./p.m. to _____ a.m./p.m.

Location Desired:
 Off-site (your facility) Address: _____
 Daly City facility: _____ Room type referred: _____

Can you **confirm at least six (6) participants** who will enroll in the first quarter of your new class?
___Yes: (Checking this line means that you would be able to provide the names of these potential participants at the time of your interview with the Class Coordinator)
___No: If you checked this line, we encourage you to gain additional experience.
(for tips: e-mail class coordinator who will provide a suggestions list)

Why do you wish to teach a contracted class at this time? _____

For Class Coordinator use:

Date: ___/___/20___

Special note(s): _____