



## PROGRAM PROPOSAL/APPLICATION

Please submit completed form to the Town of Standish Parks & Recreation Department by email, fax or mail.  
175 Northeast Rd. Standish, ME 04084. Email: [jderice@standish.org](mailto:jderice@standish.org). Fax: 207-642-5181. Phone: 207-642-2875.

### I. Applicant Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Class or program you are interested in teaching (check one or all that apply):

Fitness/Exercise     Music     Arts/Crafts     Education/Enrichment     Other

If other, what are you interested in teaching: \_\_\_\_\_

Would this be a youth or adult program?     Youth     Adult

### II. Program Information

What is your relevant experience? \_\_\_\_\_

Have you ever taught a class or program before?     YES     NO

If yes, where and when: \_\_\_\_\_

What time and days work best for you? Time: \_\_\_\_\_ Days of Week: \_\_\_\_\_

What is the proposed date of your program: \_\_\_\_\_

What is your desired instructor fee for this program: \_\_\_\_\_

### III. References

Please provide us with two personal references other than family:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

## II. Program Description

Please provide a brief program description that we can use to promote this program. Details should include basic information such as who, what, when and why someone would want to participate:

---

---

---

---

## IV. Person to Call in Case of Emergency

Please provide us with the name and phone number of an emergency contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation to You: \_\_\_\_\_

*Please read and sign the following statements below.*

### Liability Waiver and Media Release:

In consideration for being permitted to use the Town of Standish facilities and to teach/instruct any Standish Parks and Recreation-sponsored program/s, I agree, to fully and completely release the Town of Standish, it's officials, employees, boards, departments, agents and affiliated entities from any and all claims, liabilities or actions for any personal injuries to me, any loss or damage to my personal property arising from my use of the Town of Standish facilities or participation in Standish Parks and Recreation-sponsored activities and programs. In addition, I understand that photographs or video may be taken of me or program participants and used for purposes of promoting the programs of Standish Parks and Recreation. If you do not want your photograph taken or displayed, please contact the office.

### Release of Personal and Background Information:

I hereby authorize and request any given reference, police department, financial institution or other persons having personal knowledge about me to furnish bearer with any, and all, information in their possession regarding me in connection with an application for volunteering for the Standish Parks and Recreation Department.

If you consent to release of personal information and background check, please provide DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

I accept and agree to the terms above:

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

### **Mission Statement**

*The Parks & Recreation Department is committed to improving the quality of life in Standish by providing exceptional community experiences through diverse recreation programs and parks for people of all ages.*

### **Youth Sports Philosophy**

*Keep it Simple. Make it Fun. Everybody Plays.*

### *For Office Use Only*

Date Received: \_\_\_\_\_ Background Check: \_\_\_\_\_