

SONOMA VALLEY ADULT SCHOOL
COMMUNITY EDUCATION
APPLICATION FOR NEW CLASS

Name _____

Address _____

City, State, Zip _____

Work Phone _____ Home phone _____

Email _____ Cell phone _____

Do you hold a teaching credential? (Not necessary for position)

No _____ Yes _____ If yes, please attach copy

Catchy Title of Class _____

Day(s) Preferred _____ Time Preferred _____

Number of classes per week _____ Number of weeks _____

Maximum class size (if any) _____

Pre-requisites (if any) _____

1. Description of class:

2. Teacher bio sketch:

3. Where have you taught this activity before?

General goals and objectives of the class:

Brief course outline: (Weekly breakdown)

4. Materials cost? _____(to be collected by teacher)
5. Do students need to bring supplies to the first class?_____If so what?

6. Any special room requirements? (i.e., carpeting, TV/VCR, etc.)

7. Anything else you want to share or that you need for the class. _____

If possible, please include a **resume** with your application. Include specific experience/qualifications for the class you propose to teach.

Send, fax or bring completed application to:
Sonoma Valley Adult School
20000 Broadway
Sonoma, CA 95476
707 933-4033 office
707 933-4095 FAX