

Falmouth Community Programs  
190 Middle Road  
Falmouth, ME 04105  
Phone: (207) 699-5302  
www.falmouthme.org



<p><b>For Staff Use Only</b></p> <p>Received: _____</p> <p>Staff Initials: _____</p>
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## COURSE PROPOSAL FORM

### PLEASE PRINT!

Session (please circle): Fall Winter Spring/Summer

Program Type (please circle): Youth Adult Seniors

Instructor Name: \_\_\_\_\_

Instructor SSN/EIN: \_\_\_\_\_

Program Title: \_\_\_\_\_

Day(s) of Week: (please circle) M Tu W Th F Sa Su

Start Date: \_\_\_\_\_

Start Time: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

# of Weeks: \_\_\_\_\_

End Date: \_\_\_\_\_

End Time: \_\_\_\_\_

**\*Your Fee** \$\_\_\_\_\_ (please circle one) **per hour OR per person** Program Ages: \_\_\_\_\_ yrs/grade to \_\_\_\_\_ yrs/grade

*\* FCP typically adds \$10 to instructor's fee under \$100 and \$20 to instructor fees over \$100 to cover overhead costs. Per person fees are paid at a 70/30% split.*

Maximum Enrollment #: \_\_\_\_\_

Minimum Enrollment #: \_\_\_\_\_

### Equipment / Supply Note:

**You must list any equipment or supply requests that you would like for this class.**  
**Any equipment/supplies purchased by FCP will affect the price of the class.**  
**In order to price our programs & classes, ALL equipment/supply requests must be approved by FCP BEFORE the class is published in the FCP brochure.**

Please list any on hand equipment or supply requirements you may need (ie: TV/VCR, Balls, Chalkboard, etc):

#### AV Equipment Needs

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

#### Items needed that FCP may have

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

#### Items that need to be purchased

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

### Submitting Course Descriptions:

- Email a course description that describes the course to: [ldascanio@town.falmouth.me.us](mailto:ldascanio@town.falmouth.me.us)  
Course descriptions for accepted courses will be used in the brochure to give a brief overview of the program.
- FCP reserves the right to edit/change the course description and negotiate fee structure as needed.

**Return to: Falmouth Community Programs, 190 Middle Road, Falmouth, ME 04105**

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## INSTRUCTOR APPLICATION

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

Please Circle: 1<sup>st</sup> Time Instructor      Returning Instructor

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

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

Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

SSN **or** Tax ID #: \_\_\_\_\_

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

Do you check email regularly?      YES      NO

Best way to reach you? (*please circle*)    Home #    Work #    Cell #    Email

### Educational Background:

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### Youth, Adult Education / Teaching Experience:

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### REFERENCES (Name, Phone, Email):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

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