



**RIO LINDA ELVERTA
RECREATION AND
PARK DISTRICT**

810 Oak Lane
Rio Linda, CA 95673
916-991-5929 ~ Fax 916-991-2892
www.rleparks.com

Hello:

The Rio Linda Elverta Recreation & Park District is continuously looking for programs that are innovative and promote physical and emotional wellness within our community.

Keep in mind that the information you are submitting will be reviewed for program content, benefit to our customers and cost. Once we receive and review completed proposal submittals, we will get in touch with you. The information you provide will be considered a proposal. There are no guarantees that the Rio Linda Elverta Recreation & Park District will accept your submittal(s). Other requirements to be hired as an Instructor with the District might include (but are not limited to): follow-up interview, background check, current certifications in CPR, and First Aid, and fingerprinting.

Our Seasonal Activity Guides and deadlines to make note of:

- **Fall/Winter Activity Guide**
 - Submittal deadline beginning of July 1st.
 - This publication covers September through February.

- **Spring Activity Guide/ Summer**
 - Submittal deadline beginning of January 1st.
 - This publication goes from March through August.

You may submit your completed program proposal packet to:

**Rio Linda Elverta Recreation & Park District
ATTN: Recreation Division
810 Oak Lane
Rio Linda, CA 95673**

**Enrichment and Leisure Classes
Application**

Name: _____

Date: _____



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Mailing Address: _____ Zip: _____

Day Phone: _____ Evening Phone: _____

Email: _____

Business Name (if applicable): _____

EDUCATION AND TRAINING

Are you presently attending college? Yes No Location: _____

Are you a college graduate? Yes No Degree: _____

Name and Location of School or University	Major	COMPLETED UNITS		Degree	Date Completed
		Semester	Quarter		

Business, Correspondence, Trade or Service School: _____

Course of Study: _____ Length of Training: _____

Please list any special courses, in-service training, or safety classes (include any first aid, CPR, etc.):





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WORK EXPERIENCE
Begin with most recent

From/To	Your Title and Duties _____
Employers Name, Address, Phone:	

From/To	Your Title and Duties _____
Employers Name, Address, Phone:	

From/To	Your Title and Duties _____
Employers Name, Address, Phone:	

Remarks and Comments: _____

Why are you applying to teach this course? _____

Please list three references:

- | Name | Relationship | Phone |
|----------|--------------|-------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |

Activity/Class Information





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Activity Title: _____

Detailed Activity Description: _____

Days of work desired: _____

Times desired to teach: _____

Enrollment: Minimum: _____ Maximum: _____ Age Group: _____

Desired Activity Length: # of Hours: _____ # of weeks: _____

Desired Dates: _____ # times per week: _____

Desired Fee per participant: _____

Desired Location (if applicable): _____

Facility & Equipment Needs: _____

How would you promote the class: _____

What are the benefits of the class to the community: _____

Please fill out completely. Fill out one form per activity.