



City of Lighthouse Point, Florida

e-mail: lhprec@lighthousepoint.com

2200 N.E. 38th Street, Lighthouse Point, Florida 33064 \ Website: www.lighthousepoint.com \ Phone: (954)784-3439

May, 2022

Dear Potential Instructor:

The City of Lighthouse Point Department of Parks & Recreation is seeking the talent of local teachers, fitness instructors, and certified experts in sports, arts, or “fun to do” classes to become a contracted instructor at our new Community Center at Dan Witt Park.

If you are interested in teaching one of various recreation activities, sports, or innovative programs that you think might offer a fulfilling or enlightening experience for the local community, please complete the ***Class/Program Proposal*** application.

Once your Proposal has been submitted, reviewed, and approved, the Recreation Coordinator will contact you. Pursuant to the Contractor Agreement Contract, all Instructors must complete a background check, fingerprinting, and drug and alcohol screening, and provide a current certificate of liability insurance (naming City of Lighthouse Point as an additional insured) prior to being allowed to teach classes.

The City of Lighthouse Point Department of Parks & Recreation personnel will manage registration for all class participants. There is a 80/20 split between the Instructor and the City. We will help promote all of our classes at our Special Events, City Facilities, Website, and Facebook Page.

Deadlines for Class Proposals

Proposal Approved by:

November 1

February 1

May 1

August 1

To be included in this session:

Spring (covers classes held March-May)

Summer (covers classes held June-August)

Fall (covers classes held September-December)

Winter (covers classes held January-March)

Please submit the application and other paperwork by the deadline; the approval process may take up to six weeks.

MAIL:

City of Lighthouse Point
Department of Parks & Recreation
Attn: Recreation Coordinator
2200 NE 38 Street
Lighthouse Point, Florida 33064

EMAIL: gweber@lighthousepoint.com



CLASS/PROGRAM PROPOSAL

Proposals are considered for review based on criteria including but not limited to community demand, relevance to existing programs, and the course potential for cost recovery.

Applicant Information:

First Name: _____ Last Name: _____ Middle Initial: _____

Street Address: _____ City: _____ Zip: _____

Cell Phone #: _____ Work Phone #: _____

Email: _____ Website: _____

Instructor Qualifications:

List your educational/certified training and professional/personal experience and expertise that qualify you for the Instructor Position. **(Please list additional relevant information on a separate piece of paper, if needed.)**

Education/Certification(s) Received, Date(s), & Location(s): _____

Relevant Course(s)/Subject(s) Taken: _____

Employer: _____ Dates of Employment: _____

Job Title: _____ Contact Name & Phone #: _____

Employer: _____ Dates of Employment: _____

Job Title: _____ Contact Name & Phone #: _____

Personal Experience Relating to Proposed Class: _____

Professional References:

(Please List 3 Business/Professional References.)

Name: _____ Name of Business: _____

Address: _____ Phone: _____

Name: _____ Name of Business: _____

Address: _____ Phone: _____

Name: _____ Name of Business: _____

Address: _____ Phone: _____

Proposed Class Information:

Describe proposed class information below, including details how to best serve the community.

Class Title: _____ Have you taught this class, or similar, class before? Yes / No

Description of Class to be offered: _____

Please attach the following optional items:

- 1. Current resume
- 2. Brief lesson plan for at least one class session
- 3. Proposed handouts
- 4. Flyer, brochures, or advertisements used for your class
- 5. Photos or samples of class work

Proposed Class Duration:

Class Length (Please specify number of days and/or weeks):

Class Frequency (Please specify once a week, twice a week): _____

Class Time Preference (Please specify morning, afternoon, evening): _____

Class Day Preference (Please specify a day(s) of the week): _____

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May 1	Fall (covers classes held September-December)
August 1	Winter (covers classes held January-March)

Please ensure your proposal is received prior to the deadline. The approval process may take up to 6 weeks: City of Lighthouse Point, Department of Parks & Recreation/Attn: Recreation Coordinator, 2200 NE 38 Street Lighthouse Point, Florida 33064 (or via Email: gweber@lighthousepoint.com)