



City of Plano
 Parks and Recreation Department
INSTRUCTOR QUALIFICATION FORM



INSTRUCTOR DATA

Date _____

Name _____
 (Last) (First)

Address _____

 (City) (State) (Zip)

Phone Number (Home) _____ (Work/Cell) _____

Social Security Number _____ - _____ - _____ E-mail _____

CLASS PROPOSAL

Proposed Class(es) _____

Targeted Age Group: Preschool (0-5 yrs) Youth (6-16 yrs)
 Adult (16 + yrs) Adults 55+
 Special Interest (one-time class, any age)

TEACHING EXPERIENCE

Position	Employer	Years/Months
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

EDUCATION / SPECIALIZED TRAINING

Education / Training

Dates

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

RELATED EXPERIENCE

REFERENCES

Contact / Name

Phone #

1. _____	_____
2. _____	_____
3. _____	_____

A criminal background check will be conducted annually on all contract instructors.

To Return Via US Mail
Plano Parks and Recreation
Instructor Qualification Form
P.O. Box 860358
Plano TX 75086-0358