

TRAINING GROUND

HOME EDUCATION ENRICHMENT CENTER

The Training Ground LLC INSTRUCTOR APPLICATION

Name _____

Business name/address: _____ OR Home address: _____

Business Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

Fax or E-mail _____ E-mail _____

Name of class/ course you wish to teach:

(Please attach a basic syllabus)

What is the primary method of instruction for this class?

- _____ Lecture or storytelling
- _____ Class discussion or facilitating such participation as speech, debate, drama
- _____ Multi-media
- _____ Hands-on student activity, project, artwork, or experiments
- _____ Teamwork
- _____ Demonstration or object lesson

What experience qualifies you to teach this course?

- _____ Academic degree in the field of study
(Please state your degree: _____)
- _____ Professional experience: _____
- _____ Former or current schoolteacher
(Please state grade or subject: _____)
- _____ Personal research on the topic
- _____ Hobby or talent
- _____ First-hand experience/ travel

Scheduling (Note: The center is generally available weekdays from 1:00-4:00 P.M)

1. How many meeting dates will your class require? _____
2. How many hours are needed at each meeting? _____
3. How do you wish to schedule the classes?
Monthly for _____ months OR Weekly for _____ weeks
OR Several days per week for _____ weeks OR one time _____
Preferably beginning at this date/time: _____
then meeting on these days/dates/times thereafter:

How were you encouraged to teach this class?

- As a member parent of The Training Ground LLC
 As a community instructor/ professional

Facility/ Fees:

1. Will the class be open to any member?
 A) Yes, please advertise on email and/or website, first-come, first served.
 B) No, the class is offered to a pre-selected group, which I will contact.

2. Will you charge a fee per student?
 A) No, I will teach for free.
 B) Yes, I plan to charge \$ _____ per student.

If you answered (B) to either of the above, The Training Ground LLC will charge a facility fee [\$5.00 min]. This amount is calculated as \$10.00 per day (if class is only for a select group) or a one-time charge (of 15-20% of student fee times # of students) for course offered to all members. Directors reserve the right to waive or adjust the facility fee as needed.

3. Room request: *(check one, and underline "with tables" or the alternate choice)*
 Main classroom [class limit = 12 students with tables, **OR** 18 lecture seating]
 Project (art/science) room [class limit= 7 with tables; **OR** 4 ideal lab/work space]

4. Demographic requests:
 - a. Please limit class size to _____ students.
 - b. Please limit enrollment to students in these grades: _____
 - c. Class is for: *(circle one)* Boys only Girls only Both boys & girls

5. Materials and/or media request: _____

6. Adult assistant: *(check one)*
 I have made arrangements with _____ to assist me.
 Please provide me with a name to contact.
 I will not need an assistant.

Acknowledgment

I acknowledge that the Directors of The Training Ground LLC hold the final authority in all matters of decision while I am teaching classes in the facility. I will strive to uphold the following standards of The Training Ground both in my own conduct and that which I expect of the students: promptness, courtesy, safety, respect, discipline, integrity, kindness, self-control, wholesome speech, reverence for God, love of learning. I will take care not to teach material that is contrary to a Christian or Biblical worldview.

_____ Signature _____ Date

Please mail completed form & syllabus to: Class Request, The Training Ground LLC
 610 Pittsford-Victor Road
 Pittsford, NY 14534

Office Use Only: Request approved (Y / N) and scheduled /reasoned as follows:

Staff Signature and Date _____