



**City of San Antonio
Parks and Recreation Department
INSTRUCTOR QUALIFICATION FORM**

Instructor Information		
Date: _____		
Name: _____		
(Last)	(First)	
Address: _____		
_____	_____	_____
(City)	(State)	(Zip Code)
Phone Number: (Home) _____ (Work/cell) _____		
E-mail: _____		

Class Proposal: Please provide a description of the class you are proposing to offer.

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

Instruction Experience		
Instructor Position	Employer/Organization	Length of time for instruction (Months/Years)

Education/Specialized Training	
Education/Training/Certification	Dates

Related Experience

References	
Contact Name	Phone

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

Return Via U.S. Mail:
San Antonio Parks and Recreation Department
5800 Old Highway 90 West
San Antonio, Texas 78227
Attn: Sara Sharp (Recreation)

OR

Email:
sara.sharp@sanantonio.gov