



Community Education Instructor Questionnaire

Please print clearly.

Instructor Name: _____ Today's Date: _____

Address: _____

Phone: _____ Email: _____

Educational or Certification Training:

Name of School	Location (City/State)	Certification/Diploma Received
_____	_____	_____
_____	_____	_____
_____	_____	_____

Experience (work and volunteer):

Date (to/from)	Employer	Duties	Reason for Leaving
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

References (personal & professional):

Name	Phone Number	Personal or Professional
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please explain why you would like to teach/offer classes through the Community Education program.

Please describe your experience teaching classes.

Are you more comfortable teaching adults or youth? Please explain.

Please add any additional comments:
