

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:

Please return completed proposal to: LSSD Community Ed, 12309 22nd St. NE, Lake Stevens, WA 98258

Kelly Lee • kelly_lee@lkstevens.wednet.edu • (425) 335-1500

Community Education cannot guarantee that they will be able to offer all classes suggested. Thank you for your proposal.