

Vivalon

ACTIVE AGING CENTER

PROGRAM PROPOSAL

Thanks for your interest in offering a program for the Vivalon Active Aging Center! Please complete this program proposal. Please note that while we welcome all proposals for new programs, not all proposals will be accepted due to space limitations or conflicts with existing programs.

Instructor

First Name	Last Name	Date of Birth	
Address		City	State
			Zip
Cell Phone	Home Phone	Email Address	

Program

1. Program Title:
2. Program Description:
3. What is your experience teaching this topic? (How long have you taught? Where have you taught?)
4. Please list any certifications, professional affiliations, memberships or formal training you have related to this topic (Please note that certification is required for exercise classes, may be required for others, and a copy must be provided to Vivalon) **Exercise Instructors : You must carry a min of \$500k liability insurance and provide a copy to Vivalon:**
5. Please provide contacts who can verify your experience teaching this subject matter:

Contact Name	Relationship	Phone Number
Contact Name	Relationship	Phone Number

6. Equipment/special room set up needs:

7. Length of each class:

8. Please provide days and hours during which you are available to volunteer:

9. Is this class going to be free to participants? If not, what do you think should be the charge to take the class? (Vivalon suggests **\$3**(member)/**\$5**(non-member) or **\$5**(member)/**\$7**(non-member))

10. How would you help to promote this class to recruit new participants?

Please add any comments below regarding your availability or additional ideas you have about this class: