

CENTREVILLE-CHICOPEE COMMUNITY ASSOCIATION (CCCA)



INSTRUCTOR APPLICATION FORM

NAME: _____

ADDRESS: _____

TELEPHONE: _____

(Daytime #) (Evening #)

EMAIL: _____

List the particular program and age groups you prefer to instruct.

What special skills and/or experience do you have that you feel that you could bring to this instructor position?

Which days and times are you available to instruct?

Please specify your wage rate per session (NB we always try to at least break even):

How long would you like this instructor position? Infinite or Limited to (specify season and year: Fall, Winter or Spring)

Thank you for your interest in Centreville Chicopee Community Association. We will review your application and be in touch with you very soon to discuss the application further. Thank you