



# CONNECT

COMMUNITY EDUCATION

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Greetings Prospective Facilitator:

Thank you for your interest in *Connect* - Lake Tahoe Community College's Community Education Program. If you are a professional expert in your field and would like to share your passion with our community, please complete the form below.

We encourage you to visit our website at [www.ltcc.edu](http://www.ltcc.edu) to view our current offerings and become familiar with our program. Please keep in mind that we do not duplicate our offerings, for both credit and non-credit classes.

After completing the form, select the Print button to print a copy for your records, then select the Submit by Email button. At that time you will have the opportunity to attach your resume and any additional information that may be helpful in evaluating your proposal. Note that only completed forms will be considered.

You will be contacted if your class is selected for inclusion in our program. Prospective facilitators will undergo a short interview in which you will teach a lesson in the area of your expertise. Additionally, strong teaching, leading and excellent customer service skills will be required. Competitive facilitator pay will be offered.

If you have any questions, please feel free to contact our office at (530)541-4660 ext. 718.

Kindest regards,

Megan Waskiewicz  
Community Education



## CLASS PROPOSAL FORM

Date \_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

### PROPOSED CLASS INFORMATION

Class Title \_\_\_\_\_

Class Description (50 words or less):

Expected Learning Objectives

Suggested Class Days & Date(s): \_\_\_\_\_

Suggested Class Time(s): \_\_\_\_\_

Suggested Class Fee for Participants: \$ \_\_\_\_\_

Any Additional Fees (please explain): \$ \_\_\_\_\_

Special Facility Requirements (if any): \_\_\_\_\_

Other: \_\_\_\_\_



## FACILITATOR APPLICATION

### PERSONAL INFORMATION

_____	_____
Last Name	First Name
_____	_____
Address	Company Name/Tax ID (if applicable)
_____	_____
City	State                      Zip
_____	_____
Daytime Phone	Email Address

### EDUCATION

Name of Institution	Degree Earned
1. _____	_____
2. _____	_____
3. _____	_____

### TEACHING EXPERIENCE

Name of School	Subjects	Dates
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
School District(s) _____	Employee (or)	
_____	Independent Contractor	

### NON-TEACHING EXPERIENCE

Name of Company	Job Title or Duties	Dates
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

### TEACHING REFERENCES (this section must be completed)

Contact Name	Business Name	Phone Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____