

GRANVILLE RECREATION DISTRICT PROGRAM APPLICATION

(One Form Must Be Completed for Each Program)

Program Submission Deadlines:			
Spring 2/1	Summer 3/1	Fall 7/1	Winter 12/1

Program Season: _____

Name of Program: _____

Instructor(s): _____ Phone _____

Address: _____

City _____ State _____ Zip _____ Email _____

Age Group: _____ Proposed Program Fee (per person): _____

<u>Facilities List</u>	
High School Gym	Library Community Room
Middle School Gym	Bryn Du Mansion
Intermediate School Gym	Bryn Du Tennis Building
Elementary School Gym	Bryn Du Lawn
High School Commons	Teen Center
Wildwood Park	Robbins Hunter Museum
McPeck Lodge	Other (Please specify)
Spring Valley Park	_____
Raccoon Valley Park	_____

Location Requested – please list 1st, 2nd, and 3rd choices:

1st: _____

2nd: _____

3rd: _____

Description of Program:

Dates/Times Requested: _____

(Over)

Instructor(s) Experience:

Professional References:

1. Name	Position:	Phone:
2. Name	Position:	Phone:
3. Name	Position:	Phone:

BACKGROUND CHECK:

In order to serve as an instructor for The Granville Recreation District you will be required to undergo a police background check.

INSTRUCTOR'S CODE OF CONDUCT:

As an Instructor, I agree to abide by the following:

1. Communicate my expectations about the class/activity to my students and their parents (if students are minors).
2. Ensure that my students are supervised by myself or another designated adult and never allow my minor students to be left unattended or unsupervised.
3. Use reasonable effort to ensure that any equipment used by my students is safe.
4. Refrain from using alcoholic beverages, illegal substances or tobacco while in direct supervision of my students.
5. Never physically, verbally or mentally harm a student in my class.

DISCIPLINARY ACTION: Violations to the code of conduct and all other incidents where a complaint has been recognized may result in disciplinary action which may include up to immediate dismissal/suspension. All disciplinary actions will be determined by the GRD Director.

Instructor's Signature _____ Date Signed: _____

Please return completed form to the following address.

GRANVILLE RECREATION DISTRICT
PO Box 483 Granville OH 43023 740-587-1976 www.granvillerec.org
info@granvillerec.org