



CITY OF WEST COVINA
COMMUNITY SERVICES DEPARTMENT
INTENT TO INSTRUCT APPLICATION

To be considered for the Spring/Summer 2026 session, your application must be complete. **Submitting an application does not guarantee your class will be offered. Submit an additional application for each class topic you would like to propose.** While we accept applications continuously, if you wish to be considered for the Spring/Summer 2026 session please submit your application by **Friday, March 27, 2025.** Please include all certifications that are applicable to the program. Applications must be mailed or dropped off at the Cameron Community Center, 1305 E. Cameron Ave., West Covina, CA 91790. You may also email your application to us at westcovinarec@westcovina.org. For more information, please contact the Community Services Department at (626) 919-6966, Monday-Friday 9:00 a.m. – 5:30 p.m.

CONTACT NAME: _____ BUSINESS/NON-PROFIT NAME: _____

Please indicate the type of organization:

Individual Sole Proprietor Corporation Non-Profit

ADDRESS: _____ CITY: _____ ZIP: _____

HOME: _____ WORK: _____ CELL: _____

EMAIL: _____ WEBSITE: _____

CLASS TITLE: _____ FACILITY PREFERENCE: _____

CLASS DESCRIPTION:

Desired Start Date	Desired End Date	Day of the week	Start & End Time	Number of weeks	Age group

ARE THERE ANY DATES WHEN CLASSES WILL NOT BE HELD? _____

NOTE: Spring/Summer classes will be held May-August. **City Facilities will be closed on May 26 & July 4.**

List any dates you will not be offering class: _____

Please check desired room set-up: CLASSROOM OPEN SPACE OTHER _____

Special Equipment Needed by Instructor: _____

Students Should Supply the Following: _____

Class Minimum: _____ Class Maximum: _____

CLASS FEES Class fee per person: \$ _____	If you choose to include a material fee, please provide an itemized list below. MATERIAL FEE: \$ _____	
	Item with Brief Description	Cost per Unit

NEW INSTRUCTOR REFERENCES:

- 1. Name: _____ Phone Number: _____ Relationship: _____
- 2. Name: _____ Phone Number: _____ Relationship: _____

General Information

- Form must address logistics as requested in full (i.e. description, dates, times, vacation dates, registration deadline, etc.)
Proposals and attachments may not be submitted in lieu of the Intent to Instruct Application.
- Each instructor is required to attend the first-class meeting of all classes advertised in the City of West Covina brochure, regardless of the number of actual students enrolled unless instructor advertises a registration deadline for the class, or the class is a 1- or 2-day workshop. **Setting registration deadlines is strongly recommended.**
- Please note that classes will not be held on any City of West Covina observed holidays.
- No additional classes other than what is advertised in the brochure will be permitted.
- Classes that are cancelled due to low or no enrollment for two consecutive quarters will be taken out of circulation.
- The City of West Covina handles all registration of classes. Instructors are not permitted to collect fees under any circumstance with the exception of material fees. 100% of the material fee goes to the instructor.
- The City of West Covina will pay the instructor an amount equal to 65% of the base class fees collected.
- All instructors must go through background checks and live scans.
- All instructors are required to provide insurance including General Liability, Endorsement, and Sexual Abuse and Molestation.
- Completing this form is **NOT** confirmation that your class has been approved.

I have read and understand this instructor application and completing this form is not a confirmation that my class has been approved. I further understand that I must sign a City of West Covina agreement prior to instruction.

Signature: _____ **Date:** _____