



# Community Education Instructor Questionnaire

**Please print clearly.**

Instructor Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Educational or Certification Training:**

Name of School	Location (City/State)	Certification/Diploma Received
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Experience (work and volunteer):**

Date (to/from)	Employer	Duties	Reason for Leaving
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**References (personal & professional):**

Name	Phone Number	Personal or Professional
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please explain why you would like to teach/offer classes through the Community Education program.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please describe your experience teaching classes.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you more comfortable teaching adults or youth? Please explain.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please add any additional comments:

\_\_\_\_\_