

**Rush-Henrietta Central School District
Continuing Education Office**

INSTRUCTOR APPLICATION

Date _____

Name _____

Home Phone _____

Address _____

Work Phone _____

City, Zip _____

Cellular / Pager _____

Email Address _____

R-H Employee #(if currently an employee) _____

Graduated from:

Social Security/TIN # _____

High School _____

College _____

Degree _____

Brief list of teaching background
(ie: 5 yrs as Cont. Ed. Teacher, etc.).

Brief list of experience related to teaching
your course (ie: presently have my own
upholstery shop, etc.).

Course to be offered _____

Brief paragraph describing course content and/or skills to be imparted to anyone taking the course.

Suggested schedule:

Night _____ # classes _____ hours per night _____

Sessions available (circle one or more): Fall Winter Spring Summer

Signature _____

RETURN TO:

Community Programs Office
Rush-Henrietta Central School District
1799 Lehigh Station Road
Henrietta, NY 14467
585/359-7805