



COMMUNITY EDUCATION PROGRAM APPLICATION



Date: _____

Name: _____
Last First Middle

Address: _____
City State Zip Code

Telephone: _____ Email: _____
Home Work Cell

Education: High School: _____ Location: _____
College: _____ Location: _____

Qualifications: _____

Subject(s) you desire to teach*: _____

*Please attach a description of the course with a title. Courses may range from a one-night workshop up to a ten-week (one evening per week) course. **Sale of products are prohibited.**

Personal References: Name Address Daytime Phone No.
1. _____
2. _____
3. _____

Teaching Experience: _____

The following clearances must be provided by and paid for by the applicant before the start of class: You may go to www.npenn.org, Employment Opportunities for the links or use the web info below:

- 1) Act 34, PA State Police Request for Criminal Record Check (\$10) www.psp.state.pa.us
- 2) Act 151, Child Abuse History Clearance (\$10) (Form CY-113) www.dpw.state.pa.us
- 3) Act 114, FBI Fingerprint Criminal History Records (\$36) www.pa.cogentid.com

Please mail application to:
Community Education Program
401 E. Hancock Street
Lansdale, PA 19446
215-853-1028
215-853-1029

Signed: _____

Birth Date: _____