



Adult Lifelong Learning

Instructor Profile & Class Description

About You

Name: _____ Title: _____

Address: _____

Street

City, State

Zip

Phone: _____ Email: _____

Instructor's Biography: Education, experience, and/or other pertinent details

Photograph

Email a headshot of you to programs@marionlibrary.org. This will be included in the program book along with your information and class details.

About Your Class

Class Title: _____

Class Description: Please describe in detail what your class will cover. Participants will choose which classes to take based on these descriptions, so feel free to be creative!

Class Length (per session): ___ 1 hour ___ 1.5 hours ___ Other ()

Number of sessions needed: ___ 2 ___ 3 ___ Other ()

Day(s) of the week you **CANNOT** teach:

___ MON ___ TUE ___ WED ___ THUR ___ FRI ___ I am available any day.

Time of day you **CANNOT** teach:

___ MORNING ___ AFTERNOON ___ EVENING ___ I am available any time.

Does your class include a hands-on component? If so, please list the number of participants you can accommodate: _____

Any additional comments?

I understand that I am providing my expertise and time on a voluntary basis.

Signature: _____ Date: _____



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