COMMUNITY EDUCATION PROGRAM
APPLICATION

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

Signed: ____________________________

Birth Date: ____________________________

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