



**Washington Neighborhood Center
Program Application**

Name: _____ Phone: _____ Email: _____

Name of Program: _____

Purpose of Program: _____

Length of program:

of weeks ____ # of days each week ____ # of hours per session ____

Curriculum: (Please attach an outline of what you will be doing each session)

How will your program benefit youth or the community?

What is your ideal schedule?

Is this schedule flexible? ____

Are you willing to extend the program if there is sufficient interest? ____

Number of people you will accept into the program: _____

Age range of participants: _____

How will you fund the program?

What space(s) will you need? _____

Any special needs for this required space? _____

Who else besides yourself will be assisting with or leading the program?

Name: _____ Phone # _____

Name: _____ Phone # _____

List any possible safety concerns* (hazardous materials, physical activity, etc.):

*** Programs with safety concerns may be required to have all participants and/or their guardians sign a waiver and should include a discussion of safety and safe practices.**

List any relevant experience or qualifications:

Please list at least two professional or personal references, their relationship to you and their phone number or email:

Will you be able to pay a fee for use of the WNC? ____

If your program is accepted, the following guidelines/requirements apply:

- 1. Collection of data: You may be required to collect statistical data about participants. This may include any or all of the following: Name, age, gender, address, ethnicity, level of education and other services/activities utilized at WNC. This data is important for grant writing and the continued successful operation of the WNC and to ensure legal compliance.**
- 2. Evaluating success: At the end of each program (or periodically if program is ongoing), you may be required to fill out an evaluation of success. This may include participant surveys, personal observations, quantifiable successes, etc.**
- 3. Program leaders and/or participants are expected to clean up after themselves each session. The area used should be as clean as or cleaner than when you arrived. Any furniture or other items moved should be returned to their original location. Other items used for the program should be removed from the WNC unless other arrangements have been made.**
- 4. Disciplining/punishment: Corporal punishment, violence or threats of violence are never allowed at the WNC. If you have difficulty working with a disruptive participant or WNC attendee, WNC staff can assist you.**
- 5. If you will be writing a grant for funding for this program, the WNC would like to be included in the grant process.**
- 6. *You may be required to show proof of liability insurance.***
- 7. You may be invited to present your programs/activities to the Board of Directors of the WNC.**
- 8. You may be required to sign a contract with the WNC and/or be fingerprinted for a background check.**

Please sign on following page to indicate acceptance of these guidelines.

Contact person name (please print or type)

Contact person signature

Date

Program approved? _____

Date and times? _____

Chair of Operations Committee, WNC

Date

Complete signed copies should now go to the contact person, the Operations chair, and the office staff.

Thank you for your interest in the Washington Neighborhood Center!
www.washingtonneighborhoodcenter.com