SALINECOUNTYLIBRARY

1800 Smithers Drive, Benton, AR 72015

(501) 778-4766

www.SalineCountyLibrary.org

Application Form

PATRON LED
PROGRAMS

✎ APPLICANT & PROGRAM INFORMATION

First Name: _____   Last Name: _____

Phone Number (& Area Code): _____   Date Of Birth: ☐ ☐ ☐ ☐ ☐ ☐
                                                                     D D M M Y Y

Street Address: _____   City: _____

Zip Code: _____   Email: _____

Preferred Method of Contact: _____   Program Title: _____

Indicate the kind of program you would like to present (check all that apply)

☐ Baking/Cooking   ☐ Gaming   ☐ Lifestyle   ☐ Arts and Crafts

☐ Class/Workshop   ☐ Gardening   ☐ Health and Wellness

☐ Other (Please specify.) _____

What is the intended age range for the program? _____

Please describe the purpose and overview of the program. Include any topics covered and activities you anticipate doing.

_____

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✎ PRESENTER HISTORY

Have you done similar presentations like this before?

☐ Yes   ☐ No

If yes, please specify dates and locations below.

✎ QUALIFICATIONS

What are your qualifications for presenting the material?

☐ Professional/Occupational   ☐ Hobbyist

Please describe your experience and qualifications below.

Number of Years: ____

✎ FINANCIAL ARRANGEMENTS

Are you requesting the be paid for your teaching services?

☐ No   ☐ Yes   If yes, how much are your requesting to be paid per hour? ____

Are you expecting the Saline County Library to purchase supplies or reimburse your for supplies for this program?

☐ No   ☐ Yes, I expect the library to purchase supplies that will cost: ____

☐ Yes, I expect the library to reimburse me in the amount of: ____