

**University of Hawai'i at Hilo**  
**College of Continuing Education and Community Service**  
**(CCECS)**

200 W. Kawili St. Portable Building 6 (PB-6) Room 103  
Hilo, HI 96720  
Tel: [808-932-7830](tel:808-932-7830) Fax: [808-932-7831](tel:808-932-7831)

**Application For Instructor Position, Non-Credit Program**

NOTE: Please complete this application and include your resume/CV. Any information listed in your resume/CV need not be duplicated in this application.

Name:

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Mailing Address:

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Telephone #:

Cell #:

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Email address:

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**References:**

(List below those individuals who may be contacted regarding your teaching ability and character):

Name/Position	Address	Phone
1.		
2.		
3.		

Course Title:

Trainer:	Phone #:
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Which program is the best fit for your class? Please check one program area.

\_\_\_ Professional Development (includes specialized training, formal education, or advanced professional learning intended to improve professional knowledge, competence, skill, and effectiveness)

\_\_\_ Technology (includes devices, digital skills, photos and graphics, social media)

\_\_\_ Fitness For Life (includes Arts, Gardens and Landscapes, Languages, Of Local Interest / History, Wellness & Mindful Living, Writing)

**Course Description:**

Please describe your course. Be specific – list information to be covered and the benefits of taking the course. If your class is designed for a particular audience, please specify. Indicated prerequisites and any information or materials participants should bring.

**Biographical Sketch:**

Please write a brief description of our background especially as it applies to your ability to teach this course (Note: your description and biographical sketch may need to be edited).

**Learner Outcomes:**

Please list the knowledge and skills participants will have after completing this class.

1.

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2.

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3.

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4.

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5.

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6.

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**Course Outline/Syllabus:**

Please provide an outline of the main subjects to be covered and the approximate amount of time to be spent on each subject.

Proposed # Hrs. of Training:

No. of Meetings:	___ Day	___ Evening	___ Either
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Days/ Dates you are available to teach this course: \_\_M \_\_T \_\_W \_\_TH \_\_F \_\_S \_\_Sun

Maximum # of students:	Minimum # of students:
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Textbooks, audio/visual equipment or other materials needed:

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Submit to [cecs@hawaii.edu](mailto:cecs@hawaii.edu)