



Information Form for Non-Credit Instructor

Full Legal Name: _____

Mailing Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____

Home Phone: _____ **Cell Phone:** _____

Work Phone: _____ **Email Address:** _____

Work Experience:

Dates	Name & Location of Employer	Work Duties

Education (include specialty training, high school, college, or vocational training):

School & Location	Dates	Degrees, if any	Major or content of training

Professional, social, volunteer groups and society memberships:

List 2 – 3 Professional References:

Name	Company Name	Daytime Phone	Email
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list any Community Education classes you feel qualified to teach:

List any other details you would like us to know about you:

Signature _____ Date _____

Return this form to:
Brenda Helms
Community Education Coordinator
Email: brenda.helms@svcc.edu
Phone: 815.835.6212
Fax: 815.288.6032

"Make a difference in someone's life, be a non-credit instructor at Sauk Valley Community College"

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