### **Contract Class Proposal**



### CITY OF SIERRA MADRE COMMUNITY SERVICES DEPARTMENT

611 E. Sierra Madre Blvd. Sierra Madre, CA 91024 (626) 355-5278

Thank you for expressing interest in becoming a Contract Instructor with the City of Sierra Madre Community Services Department. Our department is excited about the opportunity of working together to reach our goals of building a strong community through recreational and enrichment opportunities.

Programs may be designed for preschoolers, school age children, teens, adults, seniors, or even families. In our contractual program, instructors are contracted yearly on a 65% / 35% basis, unless the instructor is not teaching his/her course on City property. For off-site classes, the split is 80% / 20%. This means that instructors receive 65% of the base fees collected from class registrations for their services and the City receives 35% of the base fee. Instructors are paid at the conclusion of each session and checks are generally distributed within 2 weeks.

All instructors are required to carry liability insurance for the classes they instruct through the program as well as have a Sierra Madre Business License. The minimum insurance coverage is based on the type of class taught and will be indicated in the Instructor/Services Agreement which is completed prior to each fiscal year. A current copy of your insurance policy and business license will be required when you submit your Instructor/Services Agreement and Contract Class Proposal. If you have any questions please contact us at 626.355.5278 or the Community Services Manager, Kristi McClure at <a href="mailto:kmcclure@cityofsierramadre.com">kmcclure@cityofsierramadre.com</a>.

The Community Services Department holds Contract Instructors responsible for the following policies and procedures:

- \*Marketing The Community Services Department will list all classes in the Wistaria Vine newsletter. The guide is mailed to all Sierra Madre residents. Contract Instructors may create flyers for each course and display them at City facilities. The Contract Instructor may seek additional locations for their distribution. All advertising done by Instructor must represent it as a Community Services program and must contain the City of Sierra Madre logo, times, location, facility and instructor and must be approved by City staff before distribution. The City will have opportunities to advertise via its website and/or direct mail. If the Contract Instructor chooses to utilize these benefits, he/she must strictly adhere to all deadlines.
- \*Course Cancellation In the event that a Contract Instructor needs to cancel a class session, the instructor must contact the Community Services Department immediately: 626.355.5278. The Community Services Department will contact the participants regarding all cancellations, reschedules, or refunds. For your information, please see attached copy of the City's Refund Policy.
- \*Representing the City through Professional Conduct Though not employees of the City of Sierra Madre, Contract Instructors do represent the City. To some participants, the Instructor is the only representative of the City they will have contact with. Instructors must conduct themselves in a professional manner including dressing and speaking professionally, and supporting City policies.
- \*Releasing of Minors The Contract Instructor must not release children to anyone other than the authorized parent, guardian, or to an individual authorized by the parent. Never release a child to someone who is

unknown to the child or to whom the child expresses fear or uncertainty. The Contract Instructor must stay until all participants have left the facility.

- \*Contract Instructor's Relationship with Participants The Contract Instructor must not have contact with a single participant unobservable by other staff, parents or participants at any time. Parents should be invited and encouraged to visit program sites at any time on a drop-in basis and do not need to ask permission to do so.
- \* <u>Safety of Participants</u> The Contract Instructor's primary responsibility is to ensure the safety of participants involved with your activity. Visually inspect the programs and facilities you are working in. If any aspect of the area appears unsafe, it is your responsibility to notify the Recreation Coordinator and to take actions that will ensure participant safety.
- \* <u>First Aid Provision</u> It is the Contract Instructor's responsibility to know where the first aid kit is located for all facilities in which they provide services. For minor first aid (Band-Aids, etc.) the first aid kit will be sufficient. For serious accidents, DO NOT MOVE the injured participant. Call 9-1-1. If a minor is involved, notify the parent/guardian immediately as well as the Community Services Department. Also, an accident form with the individual's information must be filled out for all accidents (minor or serious).
- \*Discrimination and Harassment The City of Sierra Madre has a strong policy against any form or type of discrimination and harassment by, among, or to its representatives. Discrimination and harassment can be defined as any behavior that is disrespectful or causes discomfort to another person, be it physical, verbal, visual, or sexual. Contract Instructors are responsible for their own actions/conduct and must never engage in discrimination or harassment.
- \* <u>Personal Business</u> The Contract Instructor may not receive or make personal phone calls, nor have their own children or animals with them, while performing services. Also, no private lessons can be taught by the Contract Instructor on City property.
- \* <u>Closing of Facilities</u> When leaving, the Contractor must ensure that all doors are locked securely, all lights and A/C are turned off, and facilities are restored back to the manner in which they were found.

#### \*Required Documents

- Class Proposal/Intent to Instruct Form
- Independent Contractor Application
- Worker's Compensation Insurance (if there are employees)
- Fingerprinting via Live Scan
- General Liability Insurance & City Business License

## Class Proposal / Intent to Instruct Form

PRINT NAME



| NAME  |               | CLASS TITLE                      |               |  |  |  |  |  |
|---|---------------|----------------------------------|---------------|--|--|--|--|--|
| CLASS DESCRIPTION Please ensure to include information about skill level.   |               |                                  |               |  |  |  |  |  |
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|   |               |                                  |               |  |  |  |  |  |
|   |               |                                  |               |  |  |  |  |  |
| CLASS INFORMATION   |               |                                  |               |  |  |  |  |  |
| CLASS INFORMATION   |               |                                  |               |  |  |  |  |  |
| Length (weeks)  |               |                                  |               |  |  |  |  |  |
| Day(s)  |               | Time(s)                          |               |  |  |  |  |  |
| Age Range   |               | Max. Participants                | /             |  |  |  |  |  |
| Initial Fee   |               | Additional Fees (supplies, etc.) |               |  |  |  |  |  |
| Will you require use of a City facility?  |               |                                  | ☐ Yes<br>☐ No |  |  |  |  |  |
| Do you have insurance? (Must be provided prior to start of class)   |               |                                  | ☐ Yes<br>☐ No |  |  |  |  |  |
| Do you have a supply list that ca   | ☐ Yes<br>☐ No |                                  |               |  |  |  |  |  |
| Class Description Please provide a description of your class in twenty (20) words or less to be used in our Wistaria Vine.  |               |                                  |               |  |  |  |  |  |
| Please attach any additional information that will provide us a clear and complete understanding of your proposed class.  |               |                                  |               |  |  |  |  |  |
| AGREEMENT   |               |                                  |               |  |  |  |  |  |
| I acknowledge that that as a contractor, I agree to perform the class instruction as specified on this attached proposal form, to the best of my ability and in a professional manner. I also acknowledge that the class will be advertised through City of Sierra Madre publications as such and if any changes are to be made, I take on the responsibility of contacting the correct people to make these changes, while giving a substantial amount of time for them to be made. Understanding that the City of Sierra Madre does have timelines to abide by, I will respect those and do my best to stay within them. I understand that if the City of Sierra Madre has advertised my class in City of Sierra Madre publications, I am legally bound to instruct and hold the classes as previously agreed. If I do not, there will be serious consideration of myself not being a contractor again with the City of Sierra Madre. Furthermore, I understand that it is my responsibility to be aware of all important dates such as start and end dates and deadlines to turn any paperwork into the Community Services Department. |               |                                  |               |  |  |  |  |  |
| SIGNATURE   |               |                                  | DATE          |  |  |  |  |  |
|   |               |                                  |               |  |  |  |  |  |

# **Independent Contractor Application**



**Instructions:** Please type or print using ink. Answer all questions accurately and completely. All statements in your application are subject to verification and any incorrect statements may bar you from becoming an independent contractor with the City of Sierra Madre.

| PERSONAL DATA   |  |   |                        |           |            |        |  |  |
|---|--|---|------------------------|-----------|------------|--------|--|--|
| LAST NAME   |  | FIRST NAME                                    |                        |           | M.I.       |        |  |  |
|   |  |   |                        |           |            |        |  |  |
| HOME ADDRESS  |  | CITY  |                        | STATE     | ZIP CODE   |        |  |  |
|   |  |   |                        |           |            |        |  |  |
| HOME PHONE  | BUSINESS PHONE   |   | SOCIAL SECURITY        | ' NO.     | 1          |        |  |  |
|   |  |   |                        |           |            |        |  |  |
|   |  |   | I                      |           |            |        |  |  |
| EXPERIENCE  |  |   |                        |           |            |        |  |  |
| List your experience related to the class(es Candidates are encouraged to submit addi | s) you have taught in the pational information to assist | ast beginning with the in evaluation of quali | most recent unle       | ess a rés | umé is att | ached. |  |  |
| AGENCY  |  | CLASS(ES) TAUGHT                              |                        |           |            |        |  |  |
|   |  |   |                        |           |            |        |  |  |
| ADDRESS   | START DATE   | DESCRIPTION OF CL                             | DESCRIPTION OF CLASSES |           |            |        |  |  |
|   |  |   |                        |           |            |        |  |  |
| CITY, STATE, ZIP CODE   | END DATE   |   |                        |           |            |        |  |  |
| SUPERVISOR  | PHONE  | REASON FOR LEAVI                              | DEASON FOR LEAVING     |           |            |        |  |  |
| SOI ERVISOR   | THORE  | REAGONT ON ELEAN                              |                        |           |            |        |  |  |
|   |  |   |                        |           |            |        |  |  |
| AGENCY  |  | CLASS(ES) TAUGHT                              |                        |           |            |        |  |  |
|   |  |   |                        |           |            |        |  |  |
| ADDRESS   | START DATE   | DESCRIPTION OF CL                             | ASSES                  |           |            |        |  |  |
|   | END DATE   |   |                        |           |            |        |  |  |
| CITY, STATE, ZIP CODE   | END DATE   |   |                        |           |            |        |  |  |
| SUPERVISOR  | PHONE  | REASON FOR LEAVING                            |                        |           |            |        |  |  |
|   |  |   |                        |           |            |        |  |  |
|   |  | <u> </u>                                      |                        |           |            |        |  |  |
| AGENCY  |  | CLASS(ES) TAUGHT                              |                        |           |            |        |  |  |
|   |  |   |                        |           |            |        |  |  |
| ADDRESS   | START DATE   | DESCRIPTION OF CL                             | ASSES                  |           |            |        |  |  |
| CITY, STATE, ZIP CODE   | END DATE   |   |                        |           |            |        |  |  |
| Sitt, STATE, Zii GODE   |  |   |                        |           |            |        |  |  |
| SUPERVISOR  | PHONE  | REASON FOR LEAVI                              | NG                     |           |            |        |  |  |
|   |  |   |                        |           |            |        |  |  |

| EXPERIENCE AND TRAINING   |          |  |  |  |  |  |
|---|----------|--|--|--|--|--|
| Please describe specific training which would qualify you to teach this class.  |          |  |  |  |  |  |
|   |          |  |  |  |  |  |
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|   |          |  |  |  |  |  |
|   |          |  |  |  |  |  |
|   |          |  |  |  |  |  |
| Please list certificates or licenses of professional or vocational competence you possess which relate to the   | s class. |  |  |  |  |  |
|   |          |  |  |  |  |  |
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|   |          |  |  |  |  |  |
|   |          |  |  |  |  |  |
|   |          |  |  |  |  |  |
| Please attach any additional information as required by this application. You may also attach information which describes in greater detail any aspects of your experience or activities that are pertinent to the class you hope to teach.   |          |  |  |  |  |  |
| CERTIFICATE OF APPLICANTS   |          |  |  |  |  |  |
| I certify that all statements made in this application and attachments are true and complete to the best of my knowledge. I authorize the City of Sierra Madre to make investigations and inquiries that are limited to the requirements to teach this class. I hereby release employers, schools or persons from any liability in responding to inquiries in connection with my application. I understand that any false or misleading information given in my application will subject me to disqualification. I acknowledge that if selected as a contractor for the City of Sierra Madre, I have no authority to bind the City and will not make any representations that I am an employee or agent of the city, but would instead serve as an independent contractor and accept associated responsibilities. |          |  |  |  |  |  |
|   |          |  |  |  |  |  |
| SIGNATURE   | DATE     |  |  |  |  |  |
|   |          |  |  |  |  |  |
| PRINT NAME  | -        |  |  |  |  |  |
|   |          |  |  |  |  |  |
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|   |          |  |  |  |  |  |
|   |          |  |  |  |  |  |
| All correspondence, including the application and class proposal should be mailed to the following address:   |          |  |  |  |  |  |

Attention: Contract Classes
Community Services Department
611 E. Sierra Madre Blvd.
Sierra Madre, CA 91024

For questions or comments, please call (626) 355-5278 or send an e-mail to <a href="mailto:kmcclure@cityofsierramadre.com">kmcclure@cityofsierramadre.com</a>