



**City of St. Marys Parks & Recreation Department  
Contracted Instructor Agreement**

The City of St. Marys Parks & Recreation Department engages Instructor, as an independent contractor, and agrees to pay the Instructor the sum of \*70% of the total net class fees per Session rates (or the agreed upon rate or percentage when minimum participation is not reached) for rendering services for the following program:

*\*To implement new programs, the percentage can be negotiated, if the minimum required participation is not met.*

**Applicant Information:**

Last Name:		First Name:	
Address:			
City:		State:	Zip Code:
Email:			
Home Phone:		Cell Phone:	
Are there any medical conditions that we should be aware of or that may prohibit you from performing your duties as a Contracted Instructor? Do you require any ADA accommodations to perform your duties as a Recreation Contract Instructor?			

**Emergency Information:**

Name:	Relationship:
Home Phone:	Cell Phone:

**Class Information:**

Proposed Classes:	
Have you taught this class before? YES NO	If yes, fill out information below:
Business/Organization:	Dates:
May we contact them as a reference? YES NO	Phone:
Business/Organization:	Dates:

May we contact them as a reference? YES NO	Phone: _____
--	--------------

**The City of St. Marys Parks & Recreation Department does not provide any insurance coverage for class instructors. It is recommended that each instructor arrange independently for any insurance coverage that Applicant desires. If applicable, please provide a copy of this insurance to the City representative.**

**Requirements to conduct a program for City of St. Marys Parks and Recreation Department: all individuals must meet the following qualifications.**

1. Current Criminal background checks (if required)
2. State Driver's License/Photo ID (if required)
3. Child Clearance PA. Act 34 (if required)
4. Experience working with the specific target market for the proposed program (if required)
5. Attending all City offered orientation, on-boarding and training and adhere to the City's mission by providing excellent customer service; making safety a top priority; efficient use of City resources; and accurate and timely communication. (if required)

**Contracted Instructors are contracted with the City of St. Marys Parks & Recreation Department to provide instruction for specialty recreation activities and are therefore not employees of the City of St. Marys. Contracted Instructors are independent contractors who may be dismissed at any time for any reason. In addition, the department shall have the right to dismiss the instructor at any time if the department finds their instruction to be inadequate or their behavior, attitude, or appearance to be unacceptable. Please attach any additional information about yourself that would further explain your desire to be a Contracted Instructor.**

**I certify that, to the best of my knowledge and belief, all statements made herein or attached hereto are true, complete, and accurate. I understand and agree that any incorrect statements or omissions of material facts herein may cause forfeiture on my part of all rights to contracting with the City of St. Marys Parks & Recreation Department. I authorize the City of St. Marys to investigate any of the information provided by me. I also authorize the previous employers, persons, and references named or any other person named to give all information regarding employment, scholastic records, together with all other job-related information that may or may not be on record. I release all individuals who provide information to the City from all liability regarding the use of such information.**

Signature of Class Instructor \_\_\_\_\_

**This Application is not a contract with the City until it is executed below by the authorized representative of the City.**

City of St. Marys, by:

\_\_\_\_\_  
**Authorized Representative**

<b>Office Use Only:</b>	<b>Received Date:</b> _____
<b>Application Approved: YES NO</b>	<b>Date:</b> _____
<b>Background Passed: YES NO</b>	<b>Date:</b> _____
<b>Course Request Form: YES NO</b>	



## Program Request Form

A separate Program Request Form is required for each course you wish to teach. Program Request Forms are accepted year-round. Incomplete Program Request Forms will not be accepted. If you have questions, please reach out! We will be happy to help with the form. Submitting a Program Request Form does not guarantee that the course will automatically be approved and/or added to the Program Guide. There is no exclusivity to instructors or the courses they teach.

### **Instructor Information:**

Instructor's Name:		
Address:		
City:	State:	Zip Code:
Email:		
Home Phone:	Cell Phone:	
Checks payable to:		

Select the Session Dates you are interested in teaching this program:

<b>Winter/Spring Program January 1-May 31</b>	<b>Summer Program June 1-August 1</b>	<b>Fall/Winter Program September 1-December 31</b>
---	---	--

Program Title:
Detailed Program Description: (weekly program outline, lesson plan, pre-requisites, dress requirements, etc):
Program Objectives (if any):

Learning Outcomes (What will participants learn?) What are the benefits of taking the program?
--

Participants Target Age Group: \_\_\_\_\_ Program Session Length: \_\_\_\_\_ Days Weeks

Program will be held: \_\_\_\_\_X WEEK SUN MON TUES WED THURS FRI SAT

Start Time: \_\_\_\_\_AM/PM End Time: \_\_\_\_\_AM/PM Program Fee/participant: \$ \_\_\_\_\_

Supplies Fee: YES NO (should not be included in program fee) If Yes: \$ \_\_\_\_\_

What supplies are included in the fee? \_\_\_\_\_

If not, what supplies are participants required to have? \_\_\_\_\_

\_\_\_\_\_

Minimum # of participants/program: \_\_\_\_\_ Maximum # of participants/program: \_\_\_\_\_

Type of Facility Needed: INDOOR OUTDOOR

Desired Location(s): \_\_\_\_\_

Registration will be managed by the City of St. Marys Parks & Recreation Department and all fees will be paid to the department for all approved programs. Submitting a Program Request Form does not guarantee a program will be added to the Program Guide, or location of choice. Programs should be submitted at least 4-6 weeks prior to the program start date. There is no exclusivity to instructors or the programs they teach. The City of St. Marys Parks & Recreation Department provides for payment after receipt of services and advanced payments are not allowed. Instructor will receive payment based on the number of participants enrolled at the time of payment process has begun minus the number of refunds provided. No programs will be offered without approval through the City of St. Marys Parks & Recreation Department and locations are not guaranteed.

Instructor's Name (Printed): \_\_\_\_\_ Phone: \_\_\_\_\_

Instructor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_