



1/27/2015

Dear Potential Program Instructors,

Thank you for your interest in partnering with South Whidbey Parks and Recreation District (SWPRD) to provide quality recreational choices for our community. SWPRD currently accepts proposal in the following program areas:

*Adult Activities • Health & Safety • Adult Sports • Senior Activities • Aquatics
Organized Youth Sports • Adaptive Recreation • Teen/Young Adult
Cooking (all ages) • Tennis • Parent/Child Preschool Programs • Fitness
Outdoor Education • Nature Activities • After School Youth Programs
5-day Summer Youth Camps • Fishing Instruction • Arts & Crafts
New & Innovative Programs (not offered elsewhere)*

→ **Summer Proposals Due February 15** (For programs in May – August)

Activity Guides will be distributed mid-April

→ **Fall Proposals Due June 15** (For programs in September – December)

Activity Guides will be distributed early September

→ **Winter Proposals Due October 15** (For programs in January – April)

Activity Guides will be distributed mid-December

Please complete this program proposal and submit it to the Program Coordinator by the dates above. SWPRD reserves the right to reject or approve any proposal for any reason.

Submitting a proposal does not guarantee placement on the program schedule.

The Approval Process

- 1) A potential instructor submits a program proposal to the Program Coordinator. Please include images (helpful for promotion) and copies of any applicable licenses or certifications. Submit this form to the SWPRD Program Coordinator by mail to: 5475 Maxwellton Road, Langley WA, 98260 or email to programs@whidbey.com.
- 2) The Program Coordinator may work with you to determine the specific design of the program in regards to suitability, availability, fee structure, time frames, participation requirements, descriptions, etc.
- 3) The Program Coordinator will review the proposal, assessing the program to determine its potential in meeting SWPRD's vision and goals, and establishing the following:
 - Whether the proposal meets the necessary requirements of SWPRD
 - Whether the proposed instructor is fit to lead the program & represent SWPRD, including a background check for those working with youth or vulnerable adults.
 - Whether it is a viable program, with potential for adequate registrants.
 - Whether it competes with existing programs.
 - Whether it fulfills a recreational need in the community.
- 4) Finally, a written contract will be produced by the District for your signature, stating specifically the program which you are agreeing to provide.

Sincerely,

Carrie Monforte, Program Coordinator

Phone (360)221-6788

Email programs@whidbey.com

Web www.swparks.org

5475 Maxwellton Road, Langley, WA 98260 • (360) 221-5484 • programs@whidbey.com

SOUTH WHIDBEY PARKS & RECREATION DISTRICT

PROGRAM PROPOSAL FORM

Instructor Information

Instructor Name _____ E-mail _____

Phone _____ Cell _____

Mailing Address _____

May we list your phone number and/or email on flyers and other class information? Yes No

Program Information

Title of program (Preferrably 21 characters or less) _____

Subtitle of program (optional, 28 characters or less) _____

Brief description of program (for publications, 50-100 words) _____

Additional course details _____

Age & skill level of participants _____

Preferred location or facility _____

Are there any pre-requisites for class? _____

Dates of program _____ Day(s) of week _____ Time _____

Dates excluded from program schedule (holidays, etc) _____

Maximum # students _____ Minimum # students _____ (May be assigned by SWPRD)

Requested compensation _____

(The amount you need to receive per student, per session, at the minimum number of students listed above)

Supply list for participants (items that they bring to the program themselves) _____

Additional materials fee, if any \$ _____ Materials include _____

(Materials fee is paid by student directly to instructor. SWPRD does not take a percentage of this fee.)

Qualification Information

Your training, education, and experience as it relates to this class (please attach documentation where possible)

Please list three references (not family) who know of your ability to lead this program.

(1) Name _____ Phone _____
Email _____
Relation to You _____
(2) Name _____ Phone _____
Email _____
Relation to You _____
(3) Name _____ Phone _____
Email _____
Relation to You _____

I understand that this proposal will be reviewed by SWPRD before approval. Upon approval, instructor must fill out and comply with contractor agreement forms. All instructors working with youth or vulnerable adults are required to complete and successfully pass a criminal history background check. SWPRD reserves the right to cancel a class if minimum or quality standards are not met.

Signature _____ Date _____

General Information

As a class instructor, referred to from this point on as "Contractor", you agree to the following if your program is accepted:

- 1) The Contractor will provide services in accordance with the provisions in the program description as detailed in the updated program proposal.
- 2) Contractor will receive payment after the class has been conducted or completed. Payment reflects the agreement in the contract and any expenses for supplies thereafter.
- 3) Contractor must submit an invoice/bill in order to be paid. SWPRD will make payment to the contractor within 45 days of receipt of the Contractor's invoice.
- 4) The contractor understands that no insurance of any kind is provided to the contractor by SWPRD.
- 5) Contractor agrees to hold the class or activity if the minimums are met by preregistration.
- 6) SWPRD agrees to provide space for the activity, and publicity for the activity by advertising in the Activity Guide publication. SWPRD will provide prior to the start of class a list of participants, upon request.
- 7) Should changes in the class time or location be made either as a result of the instructor or SWPRD, both SWPRD and the instructor will work to rearrange the class with the participants.
- 8) SWPRD is not responsible for the damage to any equipment that is the personal property of the instructor used in performing the services.
- 9) Contractor agrees to not allow any participant unless they have registered and paid fully.

Contractor Signature _____ Date _____

**Southeastern Security
Consultants, Inc.**



Background Consent/Release Form

Organization Name: _____

Applicant's Name (printed)

Social Security Number _____ Date of Birth _____

Applicant's Address

City _____ State _____ Zip _____

I, _____, authorize and give consent for the above named organization to obtain information regarding myself. This includes the following:

- Criminal background records/information
- Sex Offender Registry Checks
- Addresses

I the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my volunteer application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the organization's guidelines.

Print Name:

_____ Date: _____

Signature:
