CITY OF CHULA VISTA

Parks & Recreation Department
Instructor Class Proposal

CLASS INFORMATION

NAME OF INDEPENDENT CONTRACTOR*	CLASS TITLE	ACTIVITY CATEGORY
Do you have any employees or subcontractors? Yes ☐ No ☐	If yes, list names:	If no, please complete the **Statement of Sole Proprietorship – Worker's Compensation** (page 4)

CLASS DESCRIPTION
Please provide a description of your class in twenty (20) words or less to be used in online promotions. Please ensure to include information about skill level.

Day(s)	Sunday ☐	Monday ☐	Tuesday ☐	Wednesday ☐	Thursday ☐	Friday ☐	Saturday ☐

Location(s)		**Time(s)**		**Sessions**		**Season**	
Age Range		**Length**		**Min. / Max. Participants**	/		
Class Fee		**Additional Fees** (supplies, etc.)					

Will participants require any prerequisites?	☐ **Yes** ☐ **No**	If yes, explain:
Will participants need to furnish any materials/supplies?	☐ **Yes** ☐ **No**	If yes, explain:
Will you, the contractor, be providing any materials/supplies?	☐ **Yes** ☐ **No**	If yes, explain:
Facility Requirements (i.e., mats, chairs, tables, blackboards, room size, etc. –be specific)		
Special instructions and/or other information pertinent to this program (Is storage space needed at the facility, type of clothing required, enter and leave at special location, etc.)		
Describe any certificates, certifications or achievements that participants may obtain at the conclusion of this class:		

Please attach any additional information that will provide us with a clear and complete understanding of your proposed class.

AGREEMENT

The Independent Contractor named above ("Contractor") agrees to perform for the City of Chula Vista ("City") the class instruction as specified on this proposal form, to the best of the Contractor's ability and in a professional manner. Contractor acknowledges that the class will be advertised in City publications and that, if any changes to the class are to be made, Contractor is responsible for notifying the City's Director of Parks and Recreation of the changes as soon as possible. Understanding that the City does have timelines to abide by, Contractor will respect those and work to stay within them. Contractor understands that if the City has advertised the class in City publications, Contractor is legally bound to instruct and hold the class and failure to do so may be grounds for the City not retaining Contractor in the future. Furthermore, Contractor understands that it is Contractor's responsibility to be aware of all important dates such as start and end dates and deadlines to turn any paperwork into the Parks and Recreation Department.

Signature **Date**

Print Name

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

PERSONAL DATA

LAST NAME	FIRST NAME	M.I.

HOME ADDRESS	CITY	STATE	ZIP CODE

MAILING ADDRESS (If same as home address, mark here ☐)	PRIMARY PHONE	EMAIL ADDRESS

Are you an employee of the City of Chula Vista?	☐ **Yes** ☐ **No**	If yes, explain:
Does the City of Chula Vista employ any of your agents, employees, or subcontractors?	☐ **Yes** ☐ **No**	If yes, explain:

EXPERIENCE

List your experience related to the class(es) you have taught in the past beginning with the most recent unless a résumé is attached. Candidates are encouraged to submit additional information to assist in evaluation of qualifications.

AGENCY		CLASS(ES) TAUGHT
ADDRESS	**START DATE**	**DESCRIPTION OF CLASSES**
CITY, STATE, ZIP CODE	**END DATE**	
SUPERVISOR	**PHONE**	**REASON FOR LEAVING**

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EXPERIENCE AND TRAINING

Please describe specific training which would qualify you to teach this class.

Please list certificates or licenses of professional or vocational competence you possess which relate to this class.

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. Any subcontractors for the proposed class must complete, on a separate Intent to Instruct Class Proposal Form, the personal data and experience sections, and comply with requirements as specified in the Independent Contractor Agreement, including providing clearance of Live Scan from California Department of Justice and Federal Bureau of Investigation, when required.

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 Chula Vista 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 Chula Vista, 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

Statement of Sole Proprietorship - Workers' Compensation

This form must be submitted with the certificate of insurance indicating coverage for all other lines of insurance required by the City of Chula Vista.

Date:

Contractor Name: _____

Business Name: _____

This statement is being submitted in lieu of a certificate of insurance for the workers' compensation insurance coverage required by the City of Chula Vista. I am a sole proprietor with no employees.

(Name of class/service) _____ will be completed by myself without employees or subcontracted assistance.

I understand that if I hire anyone as an employee, I will purchase Workers' Compensation Insurance coverage for the required limits and provide a certificate of insurance indicating this coverage immediately.

If I hire a subcontractor I will provide the City of Chula Vista with the required proof of insurance for Workers' Compensation for each subcontractor. I understand that Workers' Compensation is required of all subcontractors.

_____ _____

Contractor Signature Date

_____ _____

Printed Name Title