CITY OF SANTA CRUZ

PARKS AND RECREATION DEPARTMENT

CLASS PROPOSALS DUE FOR FALL 2013 SESSION:
Thursday, April 25, 2013

FALL SESSION LENGTH:
09/09/13 – 12/13/13

To Potential Class Instructor:

Thank you for your interest in teaching through the City of Santa Cruz Parks and Recreation Department. We are currently accepting class proposals for our Fall **2013 session**.

Our department seeks to provide a wide variety of children and adult classes including: language, art, science, music, dance, fitness, well-being, outdoors, finance, beach, and computers. **No classes will be held on Veterans Day (Monday, November 11, 2013), and Thanksgiving weekend (Wednesday, November 27-Sunday, December 1).**

In order to have your class considered, you must submit the following:

1. **Class Proposal Form**
2. **Independent Contractor Application with at least 3 references.**

Both forms as well as a list of our facility locations are included in this packet and also may be found on our website at **www.santacruzparksandrec.com**. If selected for consideration, instructors will be called for an interview. Instructing a children's class is contingent on a fingerprint clearance from the Dept. of Justice (DOJ). The City of Santa Cruz will set-up and pay for fingerprinting at the Santa Cruz County Sheriff/Coroner's Office.

Please mail, or fax paperwork to: City of Santa Cruz Parks & Recreation Department, Attn: Special Classes 323 Church St. Santa Cruz, CA 95060 or fax: (831) 420-5271.

Thank you,

Lisa McGinnis, Special Classes Supervisor
lmcginnis@cityofsantacruz.com
(831) 420-5277

City of Santa Cruz Class Proposal Form

Return to Special Classes, 323 Church St, Santa Cruz, CA 95060, fax to 831-420-5271,
or email tireland@cityofsantacruz.com

Instructor _____ Session _____

Address _____ City, State, Zip_____

Telephone (home) _____ (wk) _____ (cell) _____

Email address _____ Website _____

Student may contact me (check all that apply) ☐ Home ☐ Work ☐ Cell ☐ Email

Class Title _____ Age Group _____ # of Days _____

Minimum Number of Participants: _____ Maximum Number of Participants: _____

Class Description: (printed in Activity Guide, 150 words maximum, include supplies students should bring, buy or wear)

_____

_____

_____

_____

_____

_____

_____

_____

_____

A material fee (list materials below) of $_____ is due to the instructor at the first class.

Materials provided for material fee: _____

_____

No class (holiday observations): _____, _____, _____.

Facility Name _____ Instructor Name _____

Facility Street Address _____ Class Fees: Resident _____+ Admin Fee $20.00

Facility Requirements: (chairs, tables, blackboards) _____

_____

P&R Activity #	**Level** (if applies)	**Days**	**Times**	**Start and End Dates**
#P&R assigns	BEG, INT, ADV	M, T, W, Th, F, Sa, Su	9:00 am - 3:00 pm	9/9-12/13
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

PARKS AND RECREATION DEPARTMENT

Class Facilities

Santa Cruz City Schools:

- **Bay View Elementary**: 1231 Bay St
- **DeLaveaga Elementary**: 1145 Morrissey Blvd
- **Gault Elementary**: 1320 Seabright Ave
- **Westlake Elementary**: 1000 High St
- **Branciforte Middle School**: 315 Poplar Ave
- **Mission Hill Jr. High**: 425 King St
- **Harbor High School**: 300 La Fonda Ave
- **Santa Cruz High School**: 415 Walnut Ave
- **Natural Bridges High School**: 313 Swift St

Other City facilities:

- **Louden Nelson Community Center**: 301 Center St
- **Market St. Senior Center (SCO)**: 222 Market St
- **Harvey West Park:** 300 – 326 Evergreen St
  (Scouthouse, Clubhouse, Wagner Cottage, picnic areas)
- **DeLaveaga Park:** (meadow, picnic areas): 850 Branciforte Dr
- **Depot Park Freight Building:** 119 Center St

(Facilities are by request and scheduled upon availability)

INDEPENDENT CONTRACTOR APPLICATION

Clear Form Print Form

CITY OF SANTA CRUZ

Visit our website at: www.ci.santa-cruz.ca.us

Describe work or service: _____

_____

Type or print using black or dark blue ink. This application must be completed in full. A separate application must be completed for each position. All statements are subject to verification. If you move, you must notify the hiring department of your new address and phone number. **If you have questions regarding how to complete this application form, contact the hiring department.** It is your responsibility to make and keep a copy of your completed application form and attachments.

SOCIAL SECURITY NUMBER ___/___/___ | LAST NAME, | FIRST NAME, | MIDDLE INITIAL | HOME TELEPHONE ( )

STREET NUMBER AND STREET NAME (OR P.O. BOX) | BUSINESS/MESSAGE PHONE ( )

CITY | STATE | ZIP CODE | E-MAIL ADDRESS

DO YOU POSSESS A VALID DRIVER'S LICENSE? ☐ YES ☐ NO

ISSUING STATE:_____ LICENSE NUMBER:_____ EXPIRATION DATE:____/____/____ LICENSE CLASS:_____

Are you a citizen of the United States or do you have a legal right to work in the United States? (Written proof of citizenship or right to work will be required at time of hire.)

☐ YES ☐ NO

BILINGUAL LANGUAGE SKILLS:

Language _____	Language _____
☐ SPEAK	☐ SPEAK
☐ WRITE	☐ WRITE
☐ TRANSLATE	☐ TRANSLATE

Check the work schedule(s) you will accept. You will be considered only for the schedule(s) selected. Do not check those you are unwilling to accept.

☐ FULL-TIME ☐ TEMPORARY
☐ PART-TIME ☐ ON-CALL

If you fail to respond to the following question completely and clearly as directed herein, your application will be rejected. As an adult, have you ever been convicted of a misdemeanor, felony or infraction, or been on parole or probation? ☐ YES ☐ NO

If yes, you must list all convictions since your 18th birthday on an attached sheet. Include offense (please specify whether the conviction was for a felony, misdemeanor or infraction), date of offense, place of conviction, dates of probation and/or parole. You are not required to disclose information regarding participation in a pre-trial or post-trial diversion program, misdemeanor convictions that have been judicially dismissed pursuant to Penal Code section 1203.4 or offenses set forth in Labor Code section 432.8 unless you are applying for a position as a Police Officer. Except as specified below, a yes answer will not automatically disqualify you from appointment. **Failure to disclose misdemeanor or felony convictions will result in termination or denial of work.**

Pursuant to California Public Resources Code Section 5164, the City is prohibited from hiring any person to perform services at a park, playground, recreation center or beach, in a position having supervisory or disciplinary authority over any minor, when that person has been convicted of specified offenses. You may obtain a CODE SECTION 5164 SCREENING FORM, which includes applicable offenses, from the Human Resources Department.

EDUCATION: Check the appropriate box if you possess one of the following:

☐ High School Diploma ☐ G.E.D. Certificate

☐ California High School Proficiency Certificate

CHECK HIGHEST GRADE COMPLETED

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐

COLLEGE 1 ☐ 2 ☐ 3 ☐ 4 ☐

POST GRADUATE WORK ____ YEARS

Colleges, Universities, Vocational Technical Schools Attended	City/State	Major or Course of Study	Total Units Completed Semester	Quarter	Degree or Certificate	Dates Attended From /	To

Name: _____ Social Security ____/____/____

LICENSES / CERTIFICATES

List any licenses, certificates or registrations relevant to this position. Attach a copy of any required certification (see job announcement).

Title	Number	Issued By	Expiration Date

EMPLOYMENT HISTORY: Please list most recent employment first. Resumes will not be accepted in place of a completed application form. Respond completely to all information in this section. List all experience, including volunteer and military. Additional sheets may be attached to this application, if necessary, to fully describe related experience, training, and education.

BUSINESS OR AGENCY NAME AND ADDRESS:	DATES EMPLOYED:	JOB TITLE:
PHONE:	FROM:	NUMBER OF PERSONS SUPERVISED
SUPERVISOR'S NAME:	TO:	DUTIES:
MAY WE CONTACT THIS EMPLOYER? ☐ YES ☐ NO	TOTAL: ____/____ YRS/MO	
REASON FOR LEAVING:	HOURS: ____ PER WEEK	
	FINAL SALARY: $	
	☐ HOURLY ☐ MONTHLY	

BUSINESS OR AGENCY NAME AND ADDRESS:	DATES EMPLOYED:	JOB TITLE:
PHONE:	FROM:	NUMBER OF PERSONS SUPERVISED
SUPERVISOR'S NAME:	TO:	DUTIES:
MAY WE CONTACT THIS EMPLOYER? ☐ YES ☐ NO	TOTAL: ____/____ YRS/MO	
REASON FOR LEAVING:	HOURS: ____ PER WEEK	
	FINAL SALARY: $	
	☐ HOURLY ☐ MONTHLY	

BUSINESS OR AGENCY NAME AND ADDRESS:	DATES EMPLOYED:	JOB TITLE:
PHONE:	FROM:	NUMBER OF PERSONS SUPERVISED
SUPERVISOR'S NAME:	TO:	DUTIES:
MAY WE CONTACT THIS EMPLOYER? ☐ YES ☐ NO	TOTAL: ____/____ YRS/MO	
REASON FOR LEAVING:	HOURS: ____ PER WEEK	
	FINAL SALARY: $	
	☐ HOURLY ☐ MONTHLY	

REFERENCES (THREE REQUIRED FOR PARKS & REC CLASSES):

1) _____
NAME JOB TITLE COMPANY
_____
ADDRESS PHONE EMAIL

2) _____
NAME JOB TITLE COMPANY
_____
ADDRESS PHONE EMAIL

3) _____
NAME JOB TITLE COMPANY
_____
ADDRESS PHONE EMAIL

AGREEMENT: I understand that any misrepresentation or deliberate omission in my application may be justification for termination or refusal of work. I also authorize employers, schools or persons named in this application to give any information regarding my qualifications and character. I hereby release said employers, schools, persons and the City from any liability for damages for receiving or releasing information. I, if requested, agree to be fingerprinted. I further agree to furnish proof of citizenship or right to work.

Signature _____ Date _____