



CONTRACT INSTRUCTOR MANUAL



Introduction

Welcome to the City of Imperial Beach Parks, Recreation and Community Services Department!

The City of Imperial Beach Parks, Recreation and Community Services Department (PRCS) began in June 2021. The department was established to serve residents and visitors by providing recreational opportunities and community services programs for youth, teens, adults and seniors. The programs and services offered through the department provide an opportunity to improve the health, wellness, and quality of life of all residents while also enhancing the image of the city.

Imperial Beach is home to 28,000 residents. The PRCS department strategically curates' programs to serve this diverse population and meet a wide range of needs and interests. Programs offered range from **free senior lunch** to **arts, dance, education, music, movement, exercise, fitness, sports, and other special interest activities**.

Contact and Staff Information

Director of Parks, Recreation and Community Services

Shannon Bullock sbullock@imperialbeachca.gov

Supervisor of Parks, Recreation, and Community Services

Malo Lutu mlutu@imperialbeachca.gov

Management Analyst

Kara Ghiloni kghiloni@imperialbeachca.gov

PRCS Website and Program Registration System

www.ibparksandrec.org

Recreation Facilities

Imperial Beach Senior Community Center

1075 8th St. Imperial Beach, CA 91932

Imperial Beach Sports Park and Recreational Center

425 Imperial Beach Blvd. Imperial Beach, CA 91932

American with Disabilities Act (ADA)

Under the Americans with Disability Act (ADA), 1990, Leisure Service Agencies and their instructors are required to accommodate individuals with special needs. The City of Imperial Beach complies with the ADA, and that affects each instructor. Please consult the Recreation Supervisor or his/her designee should any student require special assistance, as the City is required to handle these special needs.

Contract Instructor Program

Purpose

The Parks, Recreation, and Community Services department thrives because of great partnerships with skilled Contract Instructors that provide engaging and educational opportunities for all residents. Our department strives to serve a wide range of ages from young families, children, teens, active agers, and senior citizens.

The department seeks to build meaningful connections with experienced instructors to teach and lead classes focused on art, music, dance, science, nature, health, wellness, and exercise. The goal of employees and contract instructors is to provide the best quality of classes and services to our community at an affordable price.

Our residents are enthusiastic participants in the varied activities the City has to offer. It is our goal to offer a diverse set of classes that will continue to generate interest and enthusiasm while providing revenue for the contract instructors and the City.

The following guidelines provide a clear overview of what is needed to become a contract with the City of Imperial Beach Parks, Recreation, and Community Services Department.

Independent Contract Instructor Role

Independent Contract Instructors are NOT employees of the City of Imperial Beach but are still held to high expectations to ensure quality programming, safety of participants, and excellent customer service. An independent contractor creates their own class curriculum, provides their own supplies, staffs their activities, and sets their own hours and class fees. Contract instructors offer a general service to the public and are required to abide by the terms of their contract/agreement.

Acknowledgements

Instructor services as well as the services of any assistants or substitutes utilized by an instructor are to be performed in a competent, professional, and satisfactory manner. In executing the contract for class instruction, the instructor is warranting that he or she has carefully consider the services to be performed and the facilities, difficulties, and restrictions in performing the services.

Customer Service Standards

The City of Imperial Beach expects all contract instructors to provide excellent customer service to all participants and for the entire duration of their contract with the City. Instructors should have a well-organized program and arrive 15 minutes prior to the start of class to allow for setup and preparation. Classes must start on time and last for the duration of the advertised schedule. Instructors must respect all participants and must not discriminate because of race, ethnicity, nationality, religion, sex, gender, or gender expression.

Proper Attire

As a contractor, you are expected to dress neatly and appropriately for each activity. Please wear shoes and attire that are appropriate and safe for the class you are teaching.

How to Become Independent Contract Instructor

Application and Class Proposals

Those interested in becoming a contract instructor with the City of Imperial Beach must submit an initial application that includes a class proposal.

This can be done at any time and can be downloaded at www.ibparksandrec.org and emailed to parkandrec@imperialbeachca.gov.

For every new class, a new proposal form must be submitted. The initial applicant information form only needs to be submitted once.

See Attachment # 1 for an example of a class proposal form.

Contract Program Discussion

Once your application and proposal have been submitted, it will be reviewed by the City's Parks, Recreation, and Community Services Department. If the department is interested in your proposal, you may be invited to an interview style discussion to review next steps and provide any more information.

Contract Instructor Agreement

All instructors are required to sign a Contract Instructor Agreement before teaching for the City of Imperial Beach. If signed agreements are not submitted prior to the class start date, your class may be cancelled. Instructors may not teach if the agreement is not signed. The Contract Instructor Manual is part of the agreement between the City and each instructor.

Fingerprinting

Contract Instructors, their assistants, or volunteers must agree to and voluntarily submit to and pass a criminal background check by completing a fingerprinting live scan service. Any costs and fees associated with fingerprinting and live scan must be paid for by the Contract Instructor. These will NOT be paid for by the City.

The City Human Resources department will provide information regarding where to complete the fingerprinting live scan.

The completion of the process does not imply clearance to teach as a Contract Instructor. The City will inform you once your clearance has been received and will inform you of the next steps to begin instruction.

See Attachment # 3-6 for live scan background check, fingerprinting forms, and related forms.

Business License

Contract Instructors must obtain a business license through the City of Imperial Beach Finance Department. A copy of the license must be submitted with the Contract Agreement.

Tuberculosis Screening

Contract Instructors must take a Tuberculosis Test and provide a completed clear TB Test before any agreement is made between the City and the Instructor. Contractors must complete and submit the Certificate of Tuberculosis Results for themselves and their employees (subcontractors) every two years.

- Certificates must reflect an examination within the past 12 months.
- An annual chest X-ray is required if the person is unable to take a TB test due to possible past exposure.
- Any costs associated with testing must be paid for by the contract instructor.
- Any subcontractors working with/for the Contract Instructor including assistants or volunteers must also provide a TB certificate.

See Attachment #7 for Tuberculosis Test release form.

Insurance

All Contract Instructors are required to maintain and provide copies of insurance certificates that adhere to the City's insurance requirements. These requirements include:

- General Liability insurance in an amount not less than one million dollars (\$1,000,000) per occurrence for bodily injury, personal injury, and property damage
- The policy shall carry a general liability special endorsement naming the City of Imperial Beach, its elected or appointed officers, employees, agents, and volunteers as additional named insured in the amount of one million dollars (\$1,000,000) per occurrence.
- Evidence of insurance shall be sent to City's Parks & Recreation Department and must be approved by City's Risk Manager or their designee.

See Attachment #14 for an example of insurance certificate.

Instructor Vendor Packet

Contract Instructors must complete a Vendor Packet that is submitted to the City's Finance Department. This must be completed and submitted to begin receiving payment.

Vendor Packets include:

- Vendor Information Form
- W-9

See Attachment #8 for Vendor Packet and W-9 form examples.

Program Sessions

The City runs classes and programs on a quarterly basis and sessions are divided into four (4) seasons: spring, summer, fall, and winter. Each seasonal session is eight (8) to ten (10) weeks and with two (2) to three (3) week breaks in between. The summer session is divided into 2 sessions to accommodate a longer range of program offerings and summer break activities.

Contract Instructors are required to host their class or program during scheduled program session.

2024 Program Schedule

- Spring Session: Monday, February 19, 2024 – Saturday, April 13, 2024
- Summer Session A: Monday, April 29, 2024 - Saturday, June 22, 2024
- Summer Session B: Monday, July 8, 2024 – Saturday, August 31, 2024
- Fall Session: Monday, September 16, 2024 - Saturday, November 9, 2024
- Winter Session: Monday, November 25, 2024 – Saturday, January 18, 2025

Classes and programs will not be held during the holidays and furlough dates listed below.

2024 Closures- No Classes or Programs

- New Year's Day – January 1
- Martin Luther King Jr. Day – January 15
- President's Day – February 19
- Memorial Day – May 27
- Independence Day – July 4
- Labor Day – September 2
- Veteran's Day – November 11
- Thanksgiving Day – November 28
- Day after Thanksgiving – November 29
- Christmas Eve – December 24
- Christmas Day – December 25
- New Year's Eve – December 31

2024 Furlough Closure – No Classes or Programs

December 23, 2024 – January 1, 2025

Marketing and Promotion

Program Guide

The PRCS department publishes a quarterly (4 times a year) seasonal program guide that includes all classes, programs, and events in an 8–10-week period. This guide is the primary way in which the department organizes and advertises all its offerings.

The guide is accessible online at www.imperialbeachca.gov or www.ibparksandrec.org.

A printed copy is available at the Imperial Beach Community Center PRCS offices.

City Promotion Opportunities

The City may promote the class via one or more the following

- Program Guide (Printed and Emailed)
- Website
- Social Media
- Printed Flyers

Contract Instructor Opportunities

All promotion done by the contract instructor must be preapproved by the PRCS Department prior to being published.

Instructors may promote their class through additional opportunities such as

- Social Media
- Website
- Social Media
- Newspaper
- Email

Any promotion by the Contract Instructor must include affiliation with the City (example “in partnership with City of Imperial Beach, Parks, Recreation, and Community Services) along with the City or Parks and Recreation logo and corresponding class registration link and information.

Use of the City Seal is NOT ALLOWED.

For social media promotion, please also tag the IB PRCS department. See handles below:

Instagram @IBparksandrec

Facebook @IBparksandrec

Before posting or printing, please send copies to the PRCS department for review to ensure that the information meets the criteria above. Please allow 5 business days for review.

Photography

When registering for a contract class, all participants agree to the participant waiver. This waiver authorizes the use of participants photographs for publicity purposes.

While most participants sign this waiver, there are instances when a participant requests not to be photographed. In this case, the City will inform the Instructor and it is expected that the Instructor will respect this request.

Registration, Rosters, and Waitlist

Registration

The City uses the Civic Rec online system for all class and program registration. Participants can register online at www.ibparksandrec.org or at the PRCS office located at the Senior Community Center. Participants must create a user profile to register for any PRCS programs and classes.

The City will manage all registrations, fee collection, and refunds. Contract Instructors cannot conduct their own registration for any City classes.

The City will provide the Contract Instructor with a list of all participants that are registered.

Under no circumstances is an instructor to accept payments or allow a participant to “try” a class. Individuals who are not enrolled through the City of Imperial Beach may not participate in any class and must be listed on the roster or have an issued receipt before you admit them to your class. It is the instructor’s responsibility to ensure all participants are registered and paid in full prior to attending class. If a staff person cannot process a registration before class, the participant must complete a registration, sign the liability waiver, and submit payment to front office staff. Registration will be processed the following day, and the participant will be emailed the receipt. Instructors are to familiarize themselves with the registration procedures so that they will be able to assist someone with their registration if necessary.

Attendance & Schedule

Before a class begins, it is the Contract Instructors’ responsibility to take attendance for each class and ensure that every participant is registered. If a participant is not registered, they must exit the class or register immediately if there is an open spot in the class.

It is imperative that the classes start and end at the time which is advertised. Starting late or ending early can cause undue burden for the participant, parents, other instructors, or the facility schedule. Any anticipated change in the class schedule must be reported immediately to City staff.

Rosters & Waitlist

Contract Instructors will receive a roster of registered participants for the class. The list will include names only. Mailing addresses, phone numbers, and email addresses will be kept confidential.

The Civic Rec registration system allows for some classes to include a waitlist should the class be filled quickly.

Those on the waitlist will be notified should spaces open in the class roster. The waitlist is a first come, first serve basis.

Fees, Payments, and Refunds

Participant Class Fees

Class fees are established by the Contract Instructor and are submitted in the Class Proposal. When proposing class fees, please take into account the City will add an additional \$7 administration fee to the price proposed. For example, if an instructor charges \$20.00 for a class, the amount advertised in the activity Guide and charged to the participant will be \$27.00. As stated in the City of Imperial Beach's Instructor Services Agreement, the City will compensate the instructor with a percentage of the class fee stated in the class proposal. Instructors wishing to increase class fees must submit a request in writing, detailing the reason or the fee increase. Please do not include the \$7.00 administrative fee in your proposed price.

Materials Fee

Material fees are fees that are charged to the participant in addition to the class fee by the instructor. Material fees are supplies that the instructor requires the participant to have in order to participate in the class. Material fees are collected by the instructor for expendable supplies for students, i.e. extra craft supplies, handouts, film, camp t shirts, printing of photos, etc. Material fees should not be collected for costs relating to services required for general operations of the class such as:

- Allowance for maintenance, depreciation, and replacement of instructional equipment i.e. scissors, music, insurance premiums, sports equipment, etc. as these supplies are necessary expenditures of doing business for multiple class sessions and should be included in the class fee.
- Salaries, wages of additional instructors
- Costs associated with general facility use i.e. rental fees of location, electricity etc.

On the class proposal form, each instructor will need to specify if there is a material fee and how much it is per participant. A list of materials including the prices will need to be submitted with the class proposal. Upon City Staff discretion, a sample may be asked to be provided for the staff's evaluation.

A materials fee can be charged to participants in addition to the class registration fee. A materials fee should only be charged to participants if they are walking away from the class with something. Contract Instructors will need to specify if there is a materials fee associated with the class and how much it is per participant. Details regarding the materials fee should be outlined in a Material Fee proposal form and approved by the PRC department before registration opens online.

See Attachment # 2 for the Material Fee proposal form.

Refunds or Class Credit

Only in rare circumstances will refunds be issued to participants. It is the standard protocol to give account credit instead of a refund for any class cancellation. Credit can be used towards a future class or program registration.

Contract Instructors should refer participants to PRCS staff to inquire about any financial related concerns.

Contract Instructor Compensation

Indoor Facilities – 60% Instructor / 40% City

Contract Instructors will receive 60% of the class registration fees paid by each participant. The City of Imperial Beach will retain the remaining 40% of class registration fees and 100% of the non-resident fee charged to participants who do not live within Imperial Beach city limits.

Outdoor Facilities – 70% Instructor / 30% City

Contract Instructors will receive 70% of the class registration fees paid by each participant. The City of Imperial Beach will retain the remaining 30% of class registration fees and 100% of the non-resident fee charged to participants who do not live within Imperial Beach city limits.

Invoicing and Payments

The Contract Instructor must invoice to the PRCS Department within 14 days after the end of the class or program period. Payment will be processed and mailed to the Contractor's last known address on file with the City no later than fourteen (14) days after the Contractor class/program ends and contractor submits invoice.

No prepayments will be authorized for a Contract Instructor. Payments are only issued after the class has been completed.

Prior to the City processing payment, the Contractor must submit all attendance sheets and completed evaluation forms if applicable.

Instructors and their assistants are independent contractors and are NOT employees of the City of Imperial Beach. As such, they are NOT entitled to any other compensation or city benefits; including not limited to liability or workers' compensation coverage, health insurance, retirement, unemployment insurance, or any other benefit provided to City employees.

Cancellations and Make-Up Classes

Class Cancellations and Make-Up Classes

Contract Instructors may opt to provide classes to participants within the established minimum enrollment has not been reached; however, classes that have been advertised in the Program Guide for two quarters in a 12-month period and have not met minimum enrollment levels are subject to elimination.

Contract Instructors who decide to cancel a class due to no or low enrollment, must notify the PRCS point of contact, two business days prior to the scheduled class start date. If a class is cancelled due to low enrollment, Contract Instructors are also required to notify participants two days prior to the scheduled class start dates. Once all the participants have been notified, the PRCS department will issue refunds and officially cancel the class.

If the class is canceled due to low enrollment, participants will receive a full refund and the Contract Instructor will receive no compensation.

Should a class or program be cancelled due to an unforeseen circumstance, it should be rescheduled within a reasonable time frame. Make up classes are only for registered participants in the IB PRCS program. For instance, a Contract Instructor cannot use IB PRCS classes to host a make-up class from another venue or program.

If a contract instructor is running late or will be absent, please notify PRCS immediately so they may inform the participants who may be waiting.

Facilities, Equipment, Class Materials

The City is responsible for ensuring that City facilities made available to Contract Instructors are clean, safe, and well-maintained.

Indoor Facilities

Classes at indoor facilities may use City equipment such as tables, chairs, etc.

Indoor Facilities include:

- The Imperial Beach Sports Park and Recreational Center (gymnasium, classrooms, and outdoor patio)
- The Imperial Beach Senior Community Center (classrooms, kitchen, outdoor patio)

Outdoor Facilities

Classes at outdoor facilities should **NOT** require extensive set up or equipment such as tables, chairs, sound amplification, etc.

Outdoor Facilities include:

- Multiuse Sport Field at Veterans Park
- Veterans Park
- Dunes Park
- Reama Park
- Teeple Park
- Beach
- Pier Plaza

Equipment and Materials

For Indoor Facilities, the City will provide tables and chairs for classes. Other equipment and materials needed for class instruction must be provided by the Contract Instructors

Contract Instructors are responsible for all set-up, take-down, and clean-up of City Facilities. This includes leaving the facility in the same condition as found.

For specific room set up or requests, each instructor will need to contact the PRCS department to make a request. These requirements and requests

Any supplies or materials needed for instruction must be provided by the Contract Instructor unless otherwise agreed upon between the City and the Contract Instructor.

Safety Protocols

Accidents and Incident Reports

In the event of any accident/incidents during the Class/Program, Contractor must notify City's Parks and Recreation Department Staff immediately. An Incident/Accident Report must be completed and submitted to City's Parks and Recreation Director or designee by noon the next business day.

It is Contractor's responsibility to know where the first aid kit is located for all facilities in which they provide services. This information will be provided to you by City's Parks and Recreation Department Staff

As the instructor, you will need to use your best judgement in the interest and safety of the participant whether immediate medical attention is needed.

If the contract instructor or participant encounters a minor accident (small cuts, skinned knees, etc.) treat the injury as needed. PRCS staff are first aid trained and can assist as needed.

In case of a life-threatening emergency, call 911 immediately. Please inform the incident to PRCS Staff immediately after calling 911.

All City facilities have an automated external defibrillator (AED) on-site.

See Attachment # 10 for an example of an Accident and Incident Report

Evacuation

Instructors are to account for all participants who are 17 years or younger. In case of an emergency or natural disaster, the instructor is to lead participants to the nearest exit. Instructors should be aware of emergency exit and the emergency exit plan for each facility where they are teaching. It is imperative that instructors always have a current roster of participants and will use this roster and/or their attendance sheets to account for each participant. DO NOT re-enter the building until appropriate personnel give you permission to do so.

Participants who are minors will only be released to their legal guardians; participants will be released to immediate family members or family friends only if permission is granted. It is the instructor's responsibility to have a guardian sign out for their child(ren).

Child Pick Up

For the safety of children involved in youth classes, instructors must see that children are released to their parents or another responsible adult. Children should not be allowed to leave the classroom unattended during the class session. Please advise parents that they will need to pick up children from class. Participants who are minors will only be released to their legal guardians; participants will be released to immediate family members or family friends only if permission is granted. It is the instructor's responsibility to have a guardian sign out for their child(ren).

Instructors are not to leave until all the children are picked up. Instructors may also use the Department phone to call late parents. If a parent is extremely late in picking up his/her child from class, and you need to leave, please escort the child to the facility office and notify staff that the child is waiting. In addition, instructors should never drive students in their personal vehicles nor should bring pets or other individuals to class.

Please also note that only those registered for the classes are allowed to participate in the class.

Mandated Reporting

In California, certain professionals are required to report known or suspected child abuse. If Contractor works with minors and/or seniors, Contractor is deemed to be a "Mandated Reporter" pursuant to the California Child Abuse and Neglect Reporting Act (Penal Code §§ 11164-11174.3) ("CANRA") and are required by law to report child abuse.

See Attachment #11 regarding the CHILD ABUSE AND NEGLECT REPORTING LAW (P.C. 11166) and the Reporter Responsibility and Sample Form and all other related documents.

Evaluations

The City conducts periodic evaluations of all programs. These may be done via surveys or personal customer interaction. Your class may also be evaluated by observations by a PRCS staff member during your class session.

See Attachment #12 for example of an evaluation form.

City of Imperial Beach

Contract Instructor Guide

Acknowledgement

I, _____, have read, understand, and agree to adhere by the

Contract Instructor Name

policies and procedures set forth in this guide.

Contract Instructor's Signature

Date

Attachment #1

Class Proposal

City of Imperial Beach Parks & Recreation Department
 825 Imperial Beach Blvd., Imperial Beach, Ca 91932
Contract Instructor Proposal Form



CLASS PROPOSAL FORM
 (EACH CLASS NEEDS A SEPARATE PROPOSAL)

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 a contract instructor with the City of Imperial Beach.

Name of Applicant (Contract Instructor):		Will Class have additional instructors: YES <input type="checkbox"/> NO <input type="checkbox"/>
If additional Instructors List Names:		

CLASS NAME PROPOSAL*:
 *Name proposals might be changed.

TYPE OF CLASS:

CLASS DESCRIPTION:
 Please provide a description of your class in twenty (20) words or less to be used in online promotions.

Day(s) of the week for class (circle days):	<input type="checkbox"/>	Monday	<input type="checkbox"/>	Tuesday	<input type="checkbox"/>	Wednesday	<input type="checkbox"/>	Thursday	<input type="checkbox"/>	Friday	<input type="checkbox"/>	Saturday	<input type="checkbox"/>	Sunday
Do you have a preference to teach this class?	<input type="checkbox"/>	Weekdays	<input type="checkbox"/>	Weekday Evenings	<input type="checkbox"/>	Weekends								

Location(s) Requested for Class:		Proposed Starting Time:		Proposed Ending Time:		Set-up/Clean-up Time Requested:	
Age Min.		Age Max.		Age Groups Examples: Preschool (2-5) Adults (18 and up) School Age (6-12) Mature Adults (50 and better) Teens (13 - 17) Developmentally Disabled			

Length of Class (30 min, 60 min, etc.)		Season (See Below):		How many weeks per session?	
Seasons for classes: Winter: December – February Spring: February –April Summer: May-August Fall: September - December					

Proposed Class Fee*:		Additional Fees for Participants (art supplies, karate uniforms, etc.):
<p>*Proposed Class Fee should account for the contractual percentage split between instructor and City.</p> <ul style="list-style-type: none"> Compensation rate is traditionally 60% of collected fees Compensation is based on Resident rate only minus the admin fee. A \$5 processing fee and a non-Resident rate will be added to your suggested fee. A non-Resident rate will be added to suggested fee. *I.E. If your suggested class rate per session is \$100, the class would list for \$105 Res. and \$115 Non-Res Your payment per participant would be 60% of \$100 per student that completes your class. 		

Will participants be required to have any prerequisites?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, explain:
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Will participants need to furnish any materials/supplies?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, explain:
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City of Imperial Beach Parks & Recreation Department
 825 Imperial Beach Blvd., Imperial Beach, Ca 91932
Contract Instructor Proposal Form



Will you, the contractor, be providing any materials/supplies?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain:
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Facility Requirements (i.e., chairs, tables, gym, whiteboard, room size, etc. –be specific)	
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Special instructions and/or other information pertinent to this program (type of clothing participants need, end of year art show or recital, location of classes, etc.)	
--	--

Describe any documents, certifications or achievements that participants may obtain at the conclusion of this class:	
Please attach any additional information that will provide us a clear and complete understanding of your proposed class.	

The Independent Contractor named above ("Contractor") agrees to perform for the City of Imperial Beach ("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 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 Recreation Department.

Print Name:	Date:
Signature:	

Please Note:
 All proposals will be reviewed by the City of Imperial Beach Parks and Recreation Department. We make no guarantees that your class proposal will be selected. Not all class proposals will be a good fit for the department or facilities. If a class proposal is selected, you will get a call from the Imperial Beach Parks and Recreation staff. In addition, if a class has low attendance for consecutive sessions the City reserves the right to cancel the class and/or no longer offer the program.

IF you are selected to teach a class through the City of Imperial Beach Parks & Recreation Department, there are a variety of things that you will be required to submit prior to starting, including, but not limited to the following:

- Imperial Beach Business License: Obtained through the city finance department.
- Current and Valid Driver's License & Auto Liability Insurance
- Certificate of Liability Insurance (Public & General Liability and Property Damage) &
- Workers Compensation Policy (If employees)
- Live Scan Fingerprinting: Obtained by the contractor at the contractor's expense.
- Current Tuberculosis Test: Taken within the last two years, showing the contractor and any employees are free from tuberculosis.
- W-9 Tax Identification Form: Download and complete via the IRS.gov website
- Independent Contract Instructor Agreement

RETURN PROPOSAL FORMS TO:
 City of Imperial Beach Parks & Recreation Department
 825 Imperial Beach Blvd., Imperial Beach 91932
 For questions contact: (619) 423-8285 / Email: parksandrec@imperialbeachca.gov

City of Imperial Beach Parks & Recreation Department
 825 Imperial Beach Blvd., Imperial Beach, Ca 91932
Contract Instructor Proposal Form



Instructor Information			
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 a contract instructor with the City of Imperial Beach.			
Last Name:	First Name:	Middle:	
Name of Business or Organization:			
Address:	City:	State:	Zip:
Email:	Phone:	Addit. Phone:	
Web Address:			
Are you an employee of the City of Imperial Beach?			<input type="checkbox"/> Yes <input type="checkbox"/> No
			If yes, explain:

Does the City of Imperial Beach employ any of your agents, employees, or subcontractors?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain:
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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
CITY, STATE, ZIP CODE	END DATE
SUPERVISOR	PHONE
	REASON FOR LEAVING

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

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



<p>Instructor Experience: Please list all skills, certifications, and accomplishments as they pertain to what you are teaching. This information may be used in the recreation activity pamphlet, on our social media, or other outlets to assist with marketing your class and/or program.</p>
<p>Please describe specific training which would qualify you to teach this class:</p>
<p>Please list any recreation classes/programs you have previously taught for the City of Imperial Beach:</p>
<p>Please list certificates or licenses of professional or vocational competence you possess which relate to this class:</p>

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.

Certificate of Applicant	
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 Imperial Beach 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 Imperial Beach, 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.	
Print Name:	Date:
Signature:	

RETURN PROPOSAL FORMS TO:
 City of Imperial Beach Parks & Recreation Department
 825 Imperial Beach Blvd., Imperial Beach 91932
 For questions contact: (619) 423-8285 / Email: parksandrec@imperialbeachca.gov

Attachment # 3

Live Scan / Fingerprint Form



STATE OF CALIFORNIA
BCIA 8016
(orig. 04/2001; rev. 01/2011)

DEPARTMENT OF JUSTICE

REQUEST FOR LIVE SCAN SERVICE

[Print Form](#)

[Reset Form](#)

Applicant Submission

A1395 _____
ORI (Code assigned by DOJ) _____ Authorized Applicant Type _____

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned) _____

Contributing Agency Information:

City of Imperial Beach _____ 14575 _____
Agency Authorized to Receive Criminal Record Information _____ Mail Code (five-digit code assigned by DOJ) _____
825 Imperial Beach Blvd. _____ Nadia Moreno _____
Street Address or P.O. Box _____ Contact Name (mandatory for all school submissions) _____
Imperial Beach _____ CA 91932 _____ (619) 628-2346 _____
City _____ State ZIP Code _____ Contact Telephone Number _____

Applicant Information:

Last Name _____ First Name _____ Middle Initial _____ Suffix _____
Other Name _____ First _____ Suffix _____
(AKA or Alias) Last
Date of Birth _____ Sex Male Female _____
Driver's License Number _____
Height _____ Weight _____ Eye Color _____ Hair Color _____
Billing _____
Number _____ (Agency Billing Number) _____
Misc. _____
Number _____ (Other Identification Number) _____
Place of Birth (State or Country) _____ Social Security Number _____
Home _____
Address Street Address or P.O. Box _____ City _____ State _____ ZIP Code _____

Your Number: _____ Level of Service: DOJ FBI
OCA Number (Agency Identifying Number)

If re-submission, list original ATI number: _____
(Must provide proof of rejection) Original ATI Number _____

Employer (Additional response for agencies specified by statute):

Employer Name _____ Mail Code (five digit code assigned by DOJ) _____
Street Address or P.O. Box _____
City _____ State _____ ZIP Code _____ Telephone Number (optional) _____

Live Scan Transaction Completed By:

Name of Operator _____ Date _____
Transmitting Agency _____ LSID _____ ATI Number _____ Amount Collected/Billed _____

ORIGINAL - Live Scan Operator

SECOND COPY - Applicant

THIRD COPY (if needed) - Requesting Agency

Attachment #5

No Employee Declaration Form

City of Imperial Beach Parks & Recreation Department
825 Imperial Beach Blvd., Imperial Beach, Ca 91932
[No Employees Declaration Form](#)



NO EMPLOYEES DECLARATION FORM

Contract Instructor Name:	
Business Name (if applicable):	
Phone:	
Email:	

I declare that I do not employ any persons in connection with my Agreement for Contract Instructor Services with the City of Imperial Beach. I also understand that if I do employ such persons, I must first obtain workers' compensation as required by the State of California with the limits outlined in the "Agreement For Contract Instructor Services", and provide to the City of Imperial Beach evidence of workers' compensation insurance coverage: including a waiver of subrogation provision.

Contract Instructor Signature

Date

Attachment #6

Subcontractors Form

City of Imperial Beach Parks & Recreation Department
825 Imperial Beach Blvd., Imperial Beach, Ca 91932
[Subcontractors Form](#)



Subcontractor Guidelines

Any Subcontractors who will assist in the instruction of the Class/Program must be 18 years of age or older and listed in this Section below. Contractor understands that any Subcontractor will be required to complete a background check/clearance and TB test before the Subcontractor can assist with the Class/Program, and may be held liable for any loss or harm caused to the City or Class/Program participants. The City may immediately terminate a Class/Program if Contractor fails to list a Subcontractor. If a Contractor hires a new Subcontractor after executing this Contract, the Contractor is responsible for notifying, in writing, the Parks and Recreation Department Director, or designee.

Name	Title

_____ **Contract Instructor Signature**

_____ **Date**

Attachment #7

Tuberculosis Test Release

City of Imperial Beach Parks & Recreation Department
825 Imperial Beach Blvd., Imperial Beach, Ca 91932
Tuberculosis (TB) Test



Acknowledgement and Release of Information

I, _____, understand and acknowledge it is my responsibility to ensure TB testing has been completed by all of my subcontractors to include employees/contractors/volunteers in order to have them work for me at the City of Imperial Beach, and I verify that each subcontractor to include employees/contractors/volunteers has been found to be free of communicable tuberculosis (TB). I understand that I will provide copies to the City of Imperial Beach Parks and Recreation Department for all subcontractors and retain certificates of TB tests from my employees/contractors/volunteers and may need to provide them to the City of Imperial Beach upon request.

Contract Instructor Signature:	
Contract Instructor Printed Name:	
Business Name (if applicable):	
Phone Number:	
Street Address:	
City, State, Zip Code:	
Email:	

Contract Instructor Signature

Date

Attachment #8

Vendor Packet and W-9



City of Imperial Beach Vendor Information Form

Main Vendor Information

IMPORTANT: Please print clearly or type. Do not leave any spaces blank, if a question does not apply to your company, write N/A (meaning "Not Applicable") in the space provided. This will avoid delay in processing your approved vendor status. If you need assistance, please call Claudia Bernal at the Finance Department (619) 628-2349 or email cbernal@imperialbeachca.gov.

Company Name _____

DBA _____

Address _____

City _____ State _____ Zip Code _____

Phone Number () _____ Fax Number _____

Email Address _____

Tax ID Type (check one) *(a completed W-9 form must accompany the Vendor Information Sheet)*

Social Security Number Tax ID#

Employer ID Number

Vendor Type

Individual/Sole proprietor C Corporation S Corporation

Partnership Trust/Estate LLC

Other: _____

Remittance Address

Company Name _____

Address _____

City _____ State _____ Zip Code _____

Phone Number () _____ Fax Number _____

Email Address _____

Attachment #9

Vendor Packet and W-9

Form W-9 (Rev. October 2018) Department of the Treasury Internal Revenue Service	<h3 style="margin:0;">Request for Taxpayer Identification Number and Certification</h3> <p style="margin:0;">▶ Go to www.irs.gov/FormW9 for instructions and the latest information.</p>	Give Form to the requester. Do not send to the IRS.
--	--	---

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

	Social security number [] [] [] [] - [] [] - [] [] [] []
	or Employer identification number [] [] [] [] - [] [] [] [] [] [] [] []

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶
------------------	----------------------------	--------

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

Attachment #10

Incident/Accident Report



**City of Imperial Beach
Parks, Recreation & Community Services Department**

Incident/Accident Report

This form should be completed and submitted to your supervisor within 24 hours of the incident/accident.

General Information

Date of select type : _____ Time: _____ Facility/Site: _____

Program or Activity: _____ Employee Completing Report: _____

Participant Information

Names of Person(s) involved: _____ Age: _____ Gender: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____

Names of Person(s) involved: _____ Age: _____ Gender: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____

Names of Person(s) involved: _____ Age: _____ Gender: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____

Description: (Describe the incident or events leading up to the accident in detail)

Action Taken/Describe the steps taken to prevent a recurrence:

[Empty text box for action taken]

Describe the first aid that was administered:

[Empty text box for first aid administered]

If injured person refused treatment, have them sign here:

List of City employees involved:

Name: _____ Title: _____ Witness? Administered first aid?
Name: _____ Title: _____ Witness? Administered first aid?
Name: _____ Title: _____ Witness? Administered first aid?

Employee Making Contact with Person (s) Involved: Name: _____ Title: _____

Who was contacted? Name: _____ Relationship: _____

If someone was not contacted, please explain the circumstances: _____

Was 911 Called? Time: _____ Remained in area?

Released: Under own power? To Parent/Guardian? To: Police/Ambulance?

Witness to Incident/Accident (other than employees):

Name: _____ Address: _____ City: _____ Phone: _____

Name: _____ Address: _____ City: _____ Phone: _____

Follow-Up Information: Employee Name: _____ Title: _____

Date: _____ Time: _____ Message: _____ Person Contacted: _____ Relationship: _____

Date: _____ Time: _____ Message: _____ Person Contacted: _____ Relationship: _____

Date: _____ Time: _____ Message: _____ Person Contacted: _____ Relationship: _____

Condition of Person(s) involved:

[Empty text box for condition of person(s) involved]

Report Completed by: _____ Signature: _____ Date: _____
Supervisor: _____ Signature: _____ Date: _____
Department Head: _____ Signature: _____ Date: _____
City Manager's Office: _____ Signature: _____ Date: _____



PARKS, RECREATION AND COMMUNITY SERVICES

Minor First Aid Log

Date: ___/___/___	Name: _____	Age: _____
Time: ___:___ am/pm	Address: _____	<input type="checkbox"/> Male
Staff: _____	City, Zip: _____	<input type="checkbox"/> Female
Phone: _____		
ACCIDENT LOCATION		
Park Name: _____	Field/Location: _____	
Facility Name: _____	Room/Location: _____	
Other: _____	Other: _____	
TYPE OF INJURY	LOCATION of INJURY on BODY	ACTION TAKEN
<input type="checkbox"/> Nosebleed	<input type="checkbox"/> Head	<input type="checkbox"/> Direct Pressure
<input type="checkbox"/> Scrape	<input type="checkbox"/> Face	<input type="checkbox"/> Applied Ice
<input type="checkbox"/> Regular Bee Sting	<input type="checkbox"/> Neck	<input type="checkbox"/> Disinfected/Washed
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Arm	<input type="checkbox"/> Bandaged
_____	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Other: _____
_____	<input type="checkbox"/> Hand	
	<input type="checkbox"/> Trunk	
	<input type="checkbox"/> Back	
	<input type="checkbox"/> Leg	
	<input type="checkbox"/> Foot	
Comments:		

Date: ___/___/___	Name: _____	Age: _____
Time: ___:___ am/pm	Address: _____	<input type="checkbox"/> Male
Staff: _____	City, Zip: _____	<input type="checkbox"/> Female
Phone: _____		
ACCIDENT LOCATION		
Park Name: _____	Field/Location: _____	
Facility Name: _____	Room/Location: _____	
Other: _____	Other: _____	
TYPE OF INJURY	INJURY LOCATION	ACTION TAKEN
<input type="checkbox"/> Nosebleed	<input type="checkbox"/> Head	<input type="checkbox"/> Direct Pressure
<input type="checkbox"/> Scrape	<input type="checkbox"/> Face	<input type="checkbox"/> Applied Ice
<input type="checkbox"/> Regular Bee Sting	<input type="checkbox"/> Neck	<input type="checkbox"/> Disinfected/Washed
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Arm	<input type="checkbox"/> Bandaged
_____	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Other: _____
_____	<input type="checkbox"/> Hand	
	<input type="checkbox"/> Trunk	
	<input type="checkbox"/> Back	
	<input type="checkbox"/> Leg	
	<input type="checkbox"/> Foot	
Comments:		

Attachment #11

Mandated Reporter Forms



PARKS & RECREATION DEPARTMENT CHILD ABUSE AND NEGLECT REPORTING LAW (P.C. 11166) Reporter Responsibility and Sample Form

Definitions—The following situations are reportable conditions:

- Physical abuse
- Sexual abuse
- Child exploitation, pornography and prostitution
- Neglect
- Extreme corporal punishment resulting in injury
- Willful cruelty or unjustifiable punishment

Who reports—The following individuals are legally mandated reporters:

- Childcare custodians
- Health practitioners
- Commercial film or photographic print processors in specified instances
- Child protective agencies

When to report—A telephone report must be made immediately when the reporter observes a child in his/her professional capacity or within the scope of his/her employment and has knowledge of or has reasonable suspicion that the child has been abused. A written report, on a standard form, must be sent within 36 hours after the telephone report has been made.

To whom do you report—You have a choice of reporting to the Police or Sheriff's Department or the Probation Department or Child Welfare Agency. Each county has preferred reporting procedure. Commercial film of photographic processors report only to law enforcement.

Individual responsibility—Any individual who is named in the reporting law must report abuse. If the individual confers with a superior and a decision is made that the superior file the report, one report is sufficient. However, if the superior disagrees, the individual with the original suspicion must report.

Anonymous reporting—Mandated reporters are required to give their names. Non-mandated reporters may report anonymously. Child protective agencies are required to keep the mandated reporter's name confidential, unless a court orders the information disclosed.

Immunity—Any legally mandated reporter has immunity when making a report. In the event a civil suit is filed against the reporter, reimbursement for fees incurred in the suit will occur up to \$50,000. No individual can be dismissed, disciplined or harassed for making a report of suspected child abuse.

Liability—Legally mandated reporters can be criminally liable for failing to report suspected abuse. The penalty for this misdemeanor is up to six months in county jail, a fine of not more than \$1,000 or both. Mandated reporters can also be civilly liable for failure to report.

Notification regarding abuse—You are not legally required to notify the parents that you are making a report; however, it is often beneficial to let the parents know you are reporting for benefit of a future relationship.

I understand that I am a legally mandated reporter. I have clarified any information listed above which I did not understand, and am now aware of my reporting responsibilities, and am willing to comply. I have also requested an explanation of reporting policies within this agency and understand them as well.

YOUR NAME: _____ SIGNATURE: _____

DATE: _____

Everyone working with children falls under the **Child care and custodians** category, and thus legally mandated to report.

City of Imperial Beach Parks & Recreation Department
825 Imperial Beach Blvd., Imperial Beach, Ca 91932
Mandated Reporter Requirements



**ACKNOWLEDGMENT OF MANDATED REQUIREMENTS, RECEIPT OF TRAINING,
AND RECEIPT OF PENAL CODE STATUTES**

A mandated reporter is an individual who is obligated by law to report suspected cases of child abuse and neglect. In general, any individual who, in the ordinary course of their contract with the City for teaching classes and has contact with children is a mandated reporter. Mandated reporters include childcare workers, teachers, and coaches. (California Penal Code § 11165.7.)

If your job duties as an independent contractor of the City of Imperial Beach include contact with children, you are a Mandated Reporter. Prior to commencing employment and as a prerequisite of that employment, California law requires that you sign a statement to the effect that you have knowledge of the provisions of the Mandated Reporter Law and will comply with those provisions. (California Penal Code § 11166.5.)

The following are your Mandated Reporter responsibilities under California law. You are also being provided with a separate informational document which includes the text of the California Mandated Reporter Law. Please review this information carefully and acknowledge your receipt and understanding where indicated.

If you have questions or concerns about this form or your Mandated Reporter responsibilities, please contact Human Resources [HR] at (619) 628-2346.

I understand that:

- By virtue of my employment or independent contractor status with the City of Imperial Beach, and because my employment requires me to have contact with children, I am a Mandated Reporter as defined by California Penal Code § 11165.7.
- The following situations trigger mandatory reports: a) Physical Abuse (willful harming of a child); b) Sexual Abuse including sexual assault, child exploitation, pornography, and trafficking; c) Severe or General Neglect; and d) Extreme Corporal Punishment (resulting in injury). (Cal. Pen. Code § 11165 et seq.) I further understand that I may, but am not required to, report suspected Emotional Abuse. (Cal. Pen. Code § 11165.05.)
- If I reasonably suspect that a child is being abused, I must immediately make a telephone report. I must follow up with a written report within 36 hours. This report may be made to local law enforcement, or County Sheriff's Department, Probation Department or Child Welfare Agency. (Cal. Pen. Code § 11166(a).)
- If I reasonably suspect that a child is being abused, I may consult with my supervisor or management. My supervisor and I may agree to file a joint report, but I understand that even if my supervisor disagrees with me, if I reasonably suspect that a child is being abused, I must make a report. (Cal. Pen. Code § 11166(h).)
- I am not required to, but I may, share information about suspected abuse with my supervisor or management or the parents of the alleged victim.

- When I make a mandated report, I will be required to give my name. However, my identity will be kept confidential unless I either consent to disclosure or if disclosure is made pursuant to a court order. Further, agencies investigating the mandated report may disclose my identity to one another. (Cal. Pen. Code § 11167(d).)
- The following agencies and individuals receiving or investigating mandated reports may disclose my identity to one another:
 - Prosecutors in a criminal prosecution or in an action initiated under section 602 of the Welfare and Institutions Code arising from alleged child abuse.
 - Counsel appointed pursuant to subdivision (c) of Section 317 of the Welfare and Institutions Code.
 - The county counsel or prosecutor in a proceeding under Part 4 (commencing with Section 7800) of Division 12 of the Family Code or Section 300 of the Welfare and Institutions Code.
 - A licensing agency when abuse or neglect in out-of-home care is reasonably suspected. (Cal. Pen. Code § 11167.5.)
 - I may not be disciplined, dismissed, retaliated against, discriminated against, or harassed for making a mandated report of reasonably suspected child abuse.
 - As a Mandated Reporter, I have civil and criminal immunity when making a report. (Cal. Pen. Code § 11172.)
- As a Mandated Reporter, **it is a misdemeanor to fail to comply with Mandated Reporting laws and I can be held criminally liable for failing to report suspected abuse.** The penalty for this is up to six months in County jail, a fine of not more than \$1000, or both. I further understand I could be civilly liable for failure to report. (Cal. Pen. Code § 11166(c).)

I have been provided with a copy of California Penal Code sections 11164-11174.3 (Mandated Reporter Law).

I understand that I am a legally Mandated Reporter. I am aware of and understand my responsibilities under the Mandated Reporter laws of this state and am willing and able to comply. I understand that a copy of this Acknowledgement will be kept in my file.

By signing below, I certify that I have completed the requisite training on the California Child Abuse and Neglect Reporting Act and my obligations to report suspected child abuse or neglect.

Printed Name:	
Signature:	
Date:	

City of Imperial Beach Parks & Recreation Department
825 Imperial Beach Blvd., Imperial Beach, Ca 91932
Mandated Reporter Subcontractor(s) Requirements



MANDATED REPORTER ACKNOWLEDGMENT & RELEASE OF INFORMATION FOR SUBCONTRACTOR(S)

I, _____, understand and acknowledge it is my responsibility to ensure Mandated Reporting training has been completed by all of my subcontractors to include employees/contractors/volunteers in order to have them work for me at the City of Imperial Beach, and I verify that each employee/contractor/volunteer who works with minors have been trained on how to be a mandated reporter. I understand that I will retain certificates of mandated reporter training for my subcontractors to include employees/contractors/volunteers and may need to provide them to the City of Imperial Beach upon request.

Contract Instructor Signature:	
Contract Instructor Printed Name:	
Business Name (if applicable):	
Phone Number:	
Street Address:	
City, State, Zip Code:	

Attachment #12
Evaluation Form

City of Imperial Beach Parks & Recreation Department
 825 Imperial Beach Blvd., Imperial Beach, Ca 91932
 Contract Instructor Evaluation Form



City of Imperial Beach Parks, Recreation, and Community Services
Contract Instructor
Class/Program Evaluation

Class or Program Name _____

Contract Instructor Name _____

How did you hear about the class or program?

Program Guide City of IB Website Friend Past Participant Other

On a scale of 1-5 (with 5 the highest), please rate the following questions.

PLEASE CIRCLE ANSWER

How well did the instructor prepare for the class? 5 4 3 2 1

Was the time allotted for class enough for the course material?
 5 4 3 2 1

How accurate was the advertised course description compared to the course content.
 5 4 3 2 1

How well did the class meet your expectations?
 5 4 3 2 1

Please rate the instructor's knowledge of the subject matter.
 5 4 3 2 1

Please rate the overall quality of program
 5 4 3 2 1

Please rate your overall experience
 5 4 3 2 1

Additional Comments _____

May we contact you regarding your evaluation? Yes No

OPTIONAL

Name: _____ Phone _____

Attachment #13

Action Word Ideas

Powerful Action Verbs

Explore	Engage	Deliver	Transform
Enrich	Find	Establish	Resist
Discover	Transform	Generate	Stretch
Accomplish	Define	Manage	Accelerate
Change	Excite	Focus	Maximize
Create	Reinforce	Innovate	Start
Succeed	Target	Gather	Win
Master	Anticipate	Persuade	Act
Lead	Solidify	Mobilize	Improve
Achieve	Identify	Overcome	Inspire
Conquer	Boost	Shatter	Stimulate
Become	Build	Replace	Increase
Exceed	Choose	Unleash	Gain
Enhance	Connect	Design	Capture
Develop	Decide	Reduce	Aspire
Solve	Ensure	Simplify	Convert
Energize	Intensify	Experiment	Survive
Ignite	Plan	Understand	
Gain	Prepare	Conquer	
Raise	Retain	Unleash	
Supplement	Execute	Grasp	
Enjoy	Measure	Assess	

Attachment #14

Certificate Liability Insurance Example

ACORD®		CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) []		
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.						
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).						
PRODUCER AGENCY NAME 123 MAIN ST BURBANK CA 91502		CONTACT NAME: AGENT NAME PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS:				
INSURED INSURED NAME 123 MAIN ST BURBANK CA 91502		INSURER(S) AFFORDING COVERAGE		NAIC #		
		INSURER A : INSURANCE COMPANY NAME		12345		
		INSURER B :				
		INSURER C :				
		INSURER D :				
		INSURER E :				
		INSURER F :				
COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:						
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.						
INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY	X	POLICY NUMBER	01/30/2015	01/30/2016	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person) \$ 10,000
						PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					GENERAL AGGREGATE \$ 2,000,000
						PRODUCTS - COMPOP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$
	ANY AUTO					BODILY INJURY (Per person) \$
	ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident) \$
						\$
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR				EACH OCCURRENCE \$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$
		DED RETENTION \$				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATUTORY LIMITS OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/ MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N/A				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)						
Certificate Holder is Also an Additional Insured						
The City of Imperial Beach its officials, directors, employees, representatives, and volunteers are included as additional insured on the general liability per blanket additional insured endorsement.						
CERTIFICATE HOLDER				CANCELLATION		
City of Imperial Beach 825 Imperial Beach Blvd Imperial Beach, CA 91932				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.		
				AUTHORIZED REPRESENTATIVE		

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ACORD 25 (2010/05)

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