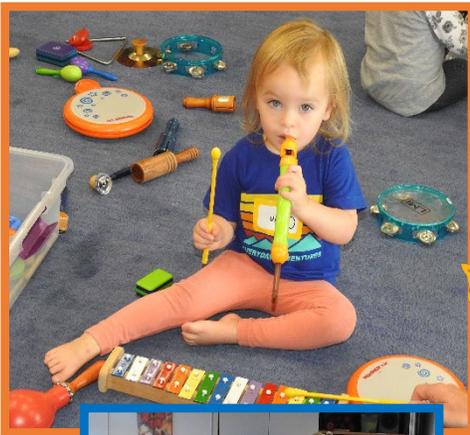


# City of Maple Valley Parks & Recreation Department

## 2020 Independent Contractor Instructor Handbook

This packet contains all of the necessary information regarding teaching a class for Maple Valley Parks & Recreation Department.

REVISED 12/19/19



The City of  
**MAPLE VALLEY**  
Parks & Recreation



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## Instructor Opportunities

### Interested in Teaching?

The City of Maple Valley Parks and Recreation Department is always looking for new class ideas taught by qualified instructors. If you have a special skill or are particularly knowledgeable about a subject and would like to share it with others, we would be interested in receiving a proposal for a class, clinic or workshop. Please take the time to look through the latest Rec Guide to make sure that we are not already offering the class or something similar.

Applications are accepted anytime; however, please plan for a start date three (3) months ahead. Please be aware the indoor facility spaces at Lake Wilderness Lodge and the Tahoma School District are limited and reserved for ongoing classes. The use of the Tahoma School District facilities will include a fee that will be incurred on monthly invoicing. If you have your own facility, it must be in the immediate area.

#### Currently Seeking

Adult Dance  
 Adult Drawing  
 Photography  
 Floral Arrangement  
 Investment Classes  
 Jewelry Making  
 Karate or Martial Arts (non-contact)  
 Mommy and Me Classes  
 and many others...

#### **Please review current classes before submitting an application**

If we decide to select your proposal, we will notify you. If we are unable to integrate your proposal into our current offering of classes, we will keep it on file for one year.

Make sure to include a resume detailing class experience and a sample class outline.

Additional requirements if selected:

- Background Check via **email provided by City of MV Human Resources**
- Insurance (depending on risk level of class)
- Enter into a one (1) year contract with the City

Submit your application in person or by mailing to:

City of Maple Valley  
 Parks and Recreation  
 ATTN: Mark Ratcliffe  
 22500 SE 248<sup>th</sup> St.  
 Maple Valley, WA 8038

If you have further questions about your application or contract, please contact Mark Ratcliffe at 425-432-9953 or email to [mark.ratcliffe@maplevalleywa.gov](mailto:mark.ratcliffe@maplevalleywa.gov)

### **Instructor Percentage:**

The percentages paid around the United States for contracted instructors working in a municipal Parks & Recreation setting varies but averages about 65%.

Our current contractor percentage split is 70/30 with 70% paid to instructor and 30% paid to the City of Maple Valley. Facility energy fees incurred when using Tahoma School District facilities and are deducted from the instructors 70% split.

When deciding on your fees, please indicate preference of multiple options, ie: flat fee (session or monthly), punch cards, drop in fee or pro-rating as options and what that fee is. This information must be included in the class descriptions you provide. Pro-rating is not encouraged.

### **Room Assignments:**

The assignment of classrooms will be based on potential or actual revenue generated – smaller classes will need to be moved to other rooms or cancelled if the revenue does not warrant use of a specific room.

### **Rooms Available:**

Note: Rooms are subject to change due to class attendance & facility functions.

- **Dance Room** - 23'x47' wood floor, windows, mirrors, outside access, sound system, view of lake, capacity 25 – 30 active
- **Grove Room** - 23'x28' – wood floors, windows, mirrors, outside access to patio, sound system, view of lake, capacity 12-15 active
- **Main Upper floor**- main lodge 55'x 35' - carpeting, windows, outside access to deck, sound system, view of lake, capacity sitting 75, Active 40
- **Main Lower floor**- lodge 55'x 35' - carpeting, windows, sink, outside access to covered patio, no sound system, view of lake, capacity sitting 75, active 40
- **Maple Room** - North Wing (Large room) carpeting, windows, white board, no sound system, view of lake, capacity 45
- **Rainier Room** - North Wing (Small Room) carpeting, white board, windows, no sound system, view of lake & mountain, capacity 30
- **Community Rooms**
  - Wilderness Room (large)- windows, Tile floor, white board, sink, outside access, no sound system, view of lake & mountain, capacity 45
  - Cedar Room (small)- windows, white board, sink, outside access, no sound system, view of lake & mountain, capacity 25
- **Tahoma School District Facilities**- gyms, fields, classrooms and meeting rooms will be scheduled through MV City Staff via TSD facility manager and fees will be attached based on the TSD energy use fee schedule.



ONCE THE RECREATION MANAGER CONTACTS YOU WITH APPROVAL FOR THE NEW CLASS THESE STEPS NEED TO BE COMPLETED FOR THE CONTRACT PROCESS:

**Please provide the following to the Recreation Manager to finalize the contract process:**

- Service Provider Official Name, Business address, phone number, fax number and e-mail
- Type of company – LLC, sole proprietor, corp., etc.
- W9 with Tax Identification number or social security number
- Service provider contact person
- Type of Instructions (Dance, Art, Painting, etc.)
- Proof of insurance adding City of Maple Valley as an additional insured **and** Endorsement Page

**Note:** Contract – Expires annually unless terminated sooner under the provisions of the contract.

**Routing of Contract:**

Once all the above is turned into the Recreation Manager, it will be routed to the City Clerk's Office to be reviewed by the City Attorney and the City Manager. This takes approximately two weeks. Following this you will receive two copies through postal mail; please return one copy and retain the other for your records.

**Marketing for class:**

Once the class is approved and finalized, it's time for you to begin your creative planning and marketing. This is when you should bring colorful and creative class punch cards, class drop in cards, flyers etc. to promote your classes. These will be posted in the kiosks and brochure racks. Please email a version in Word or Publisher for proofing and a content check.

**Contact  
information:**

Mark Ratcliffe  
Recreation Manager  
City of Maple Valley Parks & Recreation  
Office: 425.432.9953  
[Mark.Ratcliffe@maplevalleywa.gov](mailto:Mark.Ratcliffe@maplevalleywa.gov)



## Insurance Requirements

Below are guidelines for determining insurance requirements for contracted instructors of Maple Valley Parks & Recreation programs. Each class or activity will be individually reviewed by the City's Risk Management staff for its proper placement in one of the two specific categories below.

**I. Passive Activities or Classes** – These activities have a low liability of risk and the City of Maple Valley shall not require general liability insurance be provided for these activities if they are held in a group setting. These activities shall include, but not be limited to the following:

- Arts and craft classes – *painting, drawing, sketching, sewing, quilting, etc.*
- Lectures & seminars
- Music or singing classes
- Armchair travel classes
- Language, history and cultural classes
- Photography classes
- Stage bands and theatrical or music performances
- Video or computer games and classes

**II. Active Activities or Classes** - These activities have a moderate or high liability of risk and require the contractor to provide insurance to the levels listed below. These activities shall include, but not be limited to the following:

- Martial arts (contact or non-contact) - *Tai-chi, Karate, Self-defense classes or training, etc.*
- Triathlons, jogging, running or training classes
- Boxing or any bodily contact activities
- Science activities or instruction
- Swimming, boating or lake activities
- Arts Classes using heat, fire, fuel or a moving wheel or parts - *sculpture, pottery etc.*
- Pet training classes
- Classes for archery, fishing, hunting, guns, etc.
- Athletic activities or active camps and clinics
- Equestrian activities or cycling & biking activities
- Pony or animal rides, petting zoos, animal acts and stage shows
- Classes for dance
- Sporting activities - *golf, fishing, tennis, etc.*
- Cheerleading or jumping activities
- All exercise/aerobic classes - *Yoga, Stroller Strides, Zumba. Etc.*
- Cooking or baking classes or workshops

**At no time may a contracted instructor provide transportation to participants for any reason.**

## Insurance Amounts

The City of Maple Valley **shall be added as additional insured** and shall require at a minimum the following:

1. **Commercial General Liability insurance** shall be written with limits no less than \$1,000,000 each occurrence, \$2,000,000 general aggregate.
2. **Professional Liability insurance** shall be written with limits no less than \$1,000,000 per claim and \$1,000,000 aggregate limit policy.
3. **Proof of Automobile Liability insurance** must meet the minimum State of Washington requirements and the carrier providing the liability policy must be licensed to do business in Washington State.

**Note:** The policy's endorsement page is also needed. **See page 14 for example.**

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 RECREATION GUIDE CLASS DESCRIPTION
 

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**2020 Session Dates:**

**Winter 2019-20** - Rec Guide Info due to Recreation Manager by 10/01/19

Registration opens 12/03/19. Classes run from January – April 2020

**Spring/Summer 2020** – Rec Guide Info due to Recreation Manager by 2/5/20

Registration opens 4/7/20. Classes run from May– August

**Fall 2020** – Rec Guide Info due to Recreation Manager by 6/02/20

Registration opens 8/04/20. Classes run from September – December

**Send Required information below to Recreation Manager** – [mark.ratcliffe@maplevalleywa.gov](mailto:mark.ratcliffe@maplevalleywa.gov)

1. You must indicate if your classes can be prorated if people want to register late. If so, how much are you charging?
2. Rates for Drop in students, if permitted?
3. Participant/Student minimums and maximums for each class
4. Current room using and indicate the preferred room you would like **if** availability can be arranged.
5. Include any logos or pictures, or text links to use – I need to be able to copy and paste it. If it was used in the last edition then we have it but, please request to have it included.
6. Include the instructor name in each description
7. A new Proposal Form for any new classes you may want to offer – including expansion of current classes.
8. **Next page #8** See Information regarding Course Template information
9. Make your class descriptions exciting and fun.

**Note:** While not ideal - when using: **A one-time materials fee of \$\_\_\_\_\_ to be paid to the instructor.** Be sure to include what it's for and don't overcharge. It's really better to just include any materials in the price of the class.

**2020****LW Lodge/Park Closure Dates**

Days to avoid – Lodge/Park not available or closed.

- January 1<sup>st</sup> & 20<sup>th</sup>
- February 17<sup>th</sup>
- April 24<sup>th</sup>- 26<sup>th</sup> Fishing Derby (park)
- May 25<sup>th</sup>
- June 6<sup>th</sup> Triathlon (park)
- June 12-14<sup>th</sup> Maple Valley Days (lodge/park)
- July 3<sup>rd</sup>
- September 7<sup>th</sup>
- November 11<sup>th</sup>, 26<sup>th</sup> & 27<sup>th</sup>
- December 25<sup>th</sup>

**2020****Tahoma School District Vacations**

- MLK/Semester End 1/20 & 1/27
- Mid-Winter Break 2/17 – 2/21
- Spring Break 4/6 - 4/10
- Memorial Day 5/22 & 5/25
- Last Day of School 6/17
- Veterans Day 11/11
- Thanksgiving 11/26 & 27
- Holiday Break 12/21-1/1

### Instructor Course Information Template:

1. Starting now you will be required to submit your course information to me via e-mail **using the attached Instructor Course Template**. Please fill out each section on the form and **SAVE AS** before e-mailing to Mark.
2. If you teach the same class on multiple days, you will need to fill out separate forms per day of the week the class is held. For example, if you teach Yoga on Mondays and Wednesdays, you will fill out one form for Mondays, and one form for Wednesdays. **Please indicate the day of the week** in the Class Title/Name section of the form. **Ex: Class Title/Name: Yoga – Mondays.**
3. FAQ forms are **no longer needed**. The Instructor Course Template will contain all the necessary information for your class/program to be entered into our registration software. **Please enter your information & check thoroughly before submitting.**
4. Current logos and bio photos will be re-used in next edition of the Rec Guide. If you need to update new logos/photos, please send as an attachment to [mark.ratcliffe@maplevalleywa.gov](mailto:mark.ratcliffe@maplevalleywa.gov)
5. The Instructor Course Template form will be submitted with each registerable course. See page 23. Make sure to **"Save as"** before sending the form back to Recreation Manager for Rec Guide submittal.

**ABSENCES, SUBSTITUTES, REFUNDS & COURSE CANCELLATIONS – An **ARC Form** must be initiated at least 48 hours in advance, by the instructor and forwarded to [Allison.Scott@maplevalleywa.gov](mailto:Allison.Scott@maplevalleywa.gov) & [Mark.Ratcliffe@maplevalleywa.gov](mailto:Mark.Ratcliffe@maplevalleywa.gov) for any class or program changes.**

- A. Absences/Inclement Weather Cancellations: If an instructor is ill or unable to meet with his/her class, the instructor must notify the recreation office prior to when course is scheduled. If the course is scheduled in a park or at an unstaffed facility the instructor must notify the Recreation Manager at the number s/he provides. It is the Instructor's responsibility to notify students of a course cancellation of this nature. If weather is inclement, the city will follow the TSD school delay/closure protocol. If delayed all classes will be cancelled prior to noon. If TSD schools are closed all P&R programs will be cancelled
- B. Substitutes: An instructor may arrange for a substitute provided that substitutes are approved through the City's background check policy. Substitutes, who are not Contract Instructors with the City of Maple Valley, must submit an Emergency information form and complete the on-line background check provided through the city's HR dept,
- C. Refunds/Withdrawals: For classes meeting more than one day, students may receive a refund if they withdraw within 7 days prior to the first class meeting. No refund will be given for one day seminars if cancellation is not received within 7 days prior to the start date. Instructors will be compensated based on the revenue after final registrations. Although it is not our policy to offer refunds after the start of classes, the Recreation Manager reserves the right to extend a refund to a customer at any time based on a case by case situation. All refund requests must be received in writing to [parksrec@maplevalleywa.gov](mailto:parksrec@maplevalleywa.gov).
- D. Course Cancellations: The City of Maple Valley reserves the right to cancel, combine or divide courses; to change the time, date or place of courses; to change the instructor; and to make other changes which become necessary to ensure a quality experience for the participants. If the Recreation & Parks Department cancels your course, the department will notify students and issue any necessary refunds.



## TIPS FOR WRITING COURSE DESCRIPTIONS

Writing convincing course descriptions will determine the success or failure of your class. Other than actually teaching your class this will be the most important thing you'll do to find new students. The instructors who spend quality time providing creative and effective descriptions that grab the reader and entice them to register are the same ones worrying how to handle the additional students who want to register. Here are some of the top tips for writing course descriptions.

### 1. Use the second or “you” person

Write your descriptions using the second person. Use “you” or imply you in your descriptions. Do not use the third person, such as “students will” or “participants will find.”

### 2. Create an engaging first sentence

The first sentence is the most important of all. Spend time on the first sentence, especially the first six to seven words. The first sentence needs to be engaging. Outcomes, fascinating facts, definitions, and new information are all good openers.

### 3. Use actions verbs

The worst opening line is “This class will...” Instead, use action verbs like discover, acquire, get, take home, and find out. Save the word “learn” for the second or third sentence.

### 4. Vary words and techniques

Vary your words and writing techniques for your course descriptions. Do not have each description read the same. Get out a thesaurus or go online and find alternative words.

### 5. Spice it up

If you have a successful course, do not modify the course description. But for those courses just doing average or below, jump start those with some juicy words, those rarely used words that have impact.

### 6. Word Count

Your course description should be between 60 and 100 words and provide in MS Word and in the requested format.



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## HOW THE RECREATION DEPARTMENT PROMOTES YOUR CLASS

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Our success only comes if you are successful. For this reason the city has committed to investing several thousands of dollars in some new and improved marketing concepts and ideas which are sure will result in an improved bottom line solution for all.

All contracted instructors selected to teach for the city will receive the following marketing solutions as part of their contract.

- **Official Parks & Recreation Guide** – Your information promoted in full color as part of the new detailed Recreation Guide mailed directly to over 11,000 households - 3 times a year
- **Website** – The City's website is receiving new visitors daily who are looking for recreation activities. The city's website [www.maplevalleywa.gov](http://www.maplevalleywa.gov) averages 5000 visitors per month
- **Online Registration** – The website is fitted with a registration module so the public can easily sign up for your class check it out at [www.cityofmaplevalley.perfectmind.com](http://www.cityofmaplevalley.perfectmind.com)
- **Press Releases** – The department provides program information to our two local media outlets Voice of the Valley and MV Reporter
- **Signage around town** – Marketing via banners posted around the City as ordinances permit
- **Flyers** – Supplying color copies of your flyers or handouts for your classes is available You make - We proof and print up to 25 at one time.
- **E-Notices** – The website comes with the ability to generate email notices to past participants. This option will be implemented more as the database grows
- **Tahoma School District** – They have graciously agreed to include a link to our website
- **Rec Guide distribution around town** – In addition to the guide being mailed directly to over 11,000 households 3 times a year; it will also be delivered to many local outlets where they can be easily picked up
- **Special Events** – The city hosts several special events throughout the year and the mobile Parks & Recreation kiosk is always there selling your classes
- **Kiosks around the Park and Lodge** – Each month several outside marketing kiosks around the Lodge and Park are updated with the most current news and offerings of the department



## Ideas to Promote Your Classes Yourself

Publicity and marketing is a lot of work and takes time. The contracted Instructors we have who are successful work diligently to market their classes in ways the city does not. Below are some to try!

Any marketing using the city logo for a city activity must be approved in advance and distributed in a manner representing the city's marketing principles and strategies.

A couple things to avoid: When promoting your classes, refrain from using ads on private mailboxes and also from donating your class and or services for charitable auctions. Remember 30% of your fee is contracted to the City of Maple Valley and therefore not available to donate.



### **Become a Speaker:**

Contact a local Lions Club, Rotary Club and volunteer your talents as a speaker on a subject related to your class. Do not forget to plug your class in the speech. A list of all local service clubs is available online.

### **Direct Mailing of Post Cards:**

The least expensive method for contacting individuals is US Mail. Make sure you maintain a good mailing list.

### **Email List of Students:**

Recreation staff will provide your class rosters with email per your request. We ask that the instructor send out a welcome message at least 24 hours prior to the start of a new session welcoming your participants and sharing any important class information. This can also be used to promote future classes. Don't abuse or SPAM

### **Social Networks:**

Marketing on Twitter, Facebook and other social media outlets is a top way of promoting your classes. Due to legal and staffing issues the City is currently just beginning to use these mediums and hopes to have a more active presence in the near future. That said, all contractors are encouraged to use this growing trend in the industry. What you should never forget is to always provide useful information and actual and useful knowledge.

Top results are currently being received when our instructors use their social media efforts and refer any perspective students to the City's website at [www.maplevalleywa.gov](http://www.maplevalleywa.gov).



### **Make a blog, eBook, Forum or Newsletter:**

Maintaining an active blog in order to support your classes or activity is the best thing to do. Update it 2 or 3 times a week with engaging, useful and informative content (NOT boring advertising stuff).

### **Purchase Print Advertising:**

Display ads in newspapers, Coffee News, flyers distributed through the Voice of the Valley newspaper or Covington/Maple Valley Reporter, posters around town on community bulletin boards, etc.



*Use your imagination and think out of the box!*

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#### SAFE MUSIC LEVELS

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For the protection of public health the Parks & Recreation Department requests that your classes be within safe decibel (dB) levels. Please be considerate to others in the building and keep those in your class safe! If you have questions or would like to check your class's decibel levels the Recreation staff is available to check your levels.



### Protecting Your Hearing »

Noise-induced hearing loss can be prevented!

Learn about the three things you can do to protect your hearing from damaging noises.

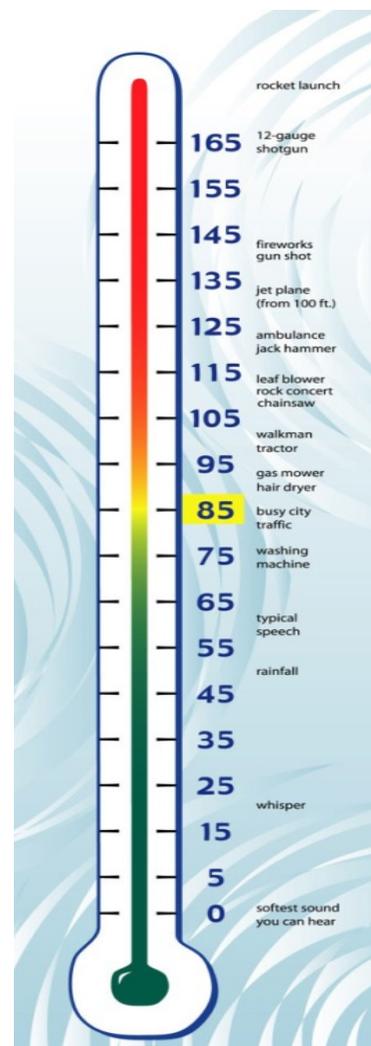
#### Continuous dB

- 85 dB
- 88 dB
- 91 dB
- 94 dB
- 97 dB
- 100 dB
- 103 dB
- 106 dB
- 109 dB
- 112 dB
- 115 dB

#### Permissible Exposure Time



- 8 Hours
- 4 hours
- 2 hours
- 1 hour
- 30 minutes
- 15 minutes
- 7.5 minutes
- 3.75 minutes (< 4 min)
- 1.875 minutes (< 2 min)
- .9375 min (~ 1 min)
- .46875 min (~ 30 sec)



Policy Number: **NEED**  
 Owners, Lessees Or Contractors (Form C)  
 ADDITIONALLY INSURED

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.  
 This endorsement modifies insurance provided under the following:

LIABILITY COVERAGE PART.

Name of Person or Organization

The City of Maple Valley  
 PO Box 320  
 Maple Valley, WA 98038

*Sample*

**Need**

1. SECTION II - WHO IS AN INSURED is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of 'your work' for that insured by or for you.

2. With respect to 1. above the following additional provision applies:

SECTION IV. 5. Other Insurance is replaced by the following:

5. Other Insurance.

The insurance afforded by this Coverage Part is primary insurance and we will not seek contribution from any valid and collectible "other insurance" available to the insured unless the

valid and collectible "other insurance" is provided by a person or organization who is not shown in the schedule. Then we will share with that valid and collectible "other insurance" by the method described below.

If all of the valid and collectible "other insurance" permits contribution by equal shares, we will follow this method also. Under this approach, each insurer contributes equal amounts until it has paid its applicable limit of insurance or none of the loss remains, whichever comes first.

If any of the valid and collectible "other insurance" does not permit contribution by equal shares, we will contribute by limits. Under this method, each insurer's share is based on the ratio of its applicable limit of insurance to the total applicable limits of insurance of all insurers.

CLBP 22-43 09 09

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**ACORD** **CERTIFICATE OF LIABILITY INSURANCE** WALE 09/01/01 (11) 09/02/2013

PRODUCER: Maple Insurance Agency, Inc. 27204 Pacific Road Suite 200 Mukwonago, IL 60053 (877) 434-7483

THIS CERTIFICATION IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE: INSURER A: Philadelphia Diversity Insurance Company NAIC #: 16558

INSURED: **Your Name**

**COVERAGES**

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 CERTIFICATION 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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR	ADOL	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	X	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> PROFESSIONAL LIABILITY GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	PHFECR99-003	07/30/2013	07/30/2014	EACH OCCURRENCE \$1,000,000 PREMIUMS (EA occurrence) \$100,000 MED EXP (Any one person) \$1,000 PERSONAL & ADV INURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP/PROP PAGE \$3,000,000
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE UNIT (EA accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT COVER TERM AUTO ORIG: AGS
		DRESS / EQUIPMENT LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION				EACH OCCURRENCE AGGREGATE
		EMPLOYER'S COMPENSATION AND EMPLOYERS LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/RESERVISTE OFFICER (MEMBER EXCLUDED) (Must be in WA) If yes, describe under SPECIAL PROVISIONS below				EMPLOYEE E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT

**CERTIFICATE HOLDER** City of Maple Valley PO Box 320 Maple Valley, WA 98038

**CANCELLATION** SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE: *Romero*

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**NEED BOTH**

Instructors are responsible to complete a **City of Maple Valley Incident Report** for any injury or Incident, occurring before, during or after their class. Furthermore, the report should be used by the instructor or staff if they witness any incident occurring on City of Maple Valley property. **All reports are due to Parks & Recreation Staff within 12 hours to the incident. See page 25.**

**Insurance**  
 The City of Maple Valley must be listed as additionally insurance in the "Certificate Holder" box and a copy of the Endorsement Page from the policy with the policy number matching the certificate. See more on insurance on **Page 6.**

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## INVOICING: REQUEST FOR PAYMENT PROCEDURES

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**ALL INSTRUCTORS ARE REQUIRED TO FOLLOW THE PROCEDURES LISTED BELOW WHEN REQUESTING PAYMENT**

### **PICK UP ROSTER PRIOR TO EACH CLASS:**

Request your class roster at least **24 hours** prior to each class and use to take attendance.

### **CHECK YOUR COURSE ENROLLMENT:**

You can inquire about your enrollment at any time. The Parks & Recreation Office can be reached at 425-432-9953 or check online at [www.maplevalleywa.gov](http://www.maplevalleywa.gov)

### **REQUESTING ROSTERS FOR INVOICING:**

The Parks & Recreation class rosters are to be used to calculate instructor payments. The final rosters with session totals are available (after the last class) by contacting the office staff during business hours at 425-432-9953 or emailing per the below contact:

M-F 8:00 am – 5:00 pm [parksrec@maplevalleywa.gov](mailto:parksrec@maplevalleywa.gov). You may also request rosters in person. Rosters must accompany your invoice.

### **PAYMENT PROCESS:**

The City of Maple Valley invoices are approved for payment by the City Council on the 2<sup>nd</sup> and 4<sup>th</sup> Wednesday of each month. All invoices must be received in the Parks & Recreation office per the below schedule on page 16. (available in Mid- December) **Please note: Only one invoice process date in June**

### **Email invoices to:**

[mark.ratcliffe@maplevalleywa.gov](mailto:mark.ratcliffe@maplevalleywa.gov) and [parksrec@maplevalleywa.gov](mailto:parksrec@maplevalleywa.gov)

**Process:** upon completion of the most recent session, all recreation service providers (class instructors) must mail or email their requests for payment (invoices) to the Recreation Manager and the Parks & Recreation Office on or before 12:00 Noon on or before the dates listed on schedule.

### **ELECTRONIC FUNDS DEPOSIT OPTION: **NEW!** Direct Deposit option (highly suggested)**

Most of you instructors have switched to electronic payments already. It is not mandatory, however you will be paid “faster” (not waiting for a check). If you wish to receive payments electronically please: 1. Open the below PDF file (*right click and open using Acrobat*) 2. Complete the form. 3. Print and return to Finance at City

Hall: City of Maple Valley  
Attn: Finance Department  
PO Box 320  
Maple Valley, WA 98038  
425.413.8800



ELECTRONIC FUNDS  
TRANSFER DEPOSIT.

## 2020 CLAIMS DUE DATE SCHEDULE

*City of Maple Valley invoices are approved for payment by the City Council on the 2<sup>nd</sup> and 4<sup>th</sup> Monday of each month. If a Council meeting falls on a holiday, vouchers are approved on the following day (Tuesday). The only exception is December when we are preparing to close out the year.*

*The following is a list of Audit Committee meeting dates along with the dates when invoices and complete and signed requests are DUE INTO FINANCE.*

*Please email [finance2@maplevalleywa.gov](mailto:finance2@maplevalleywa.gov) if you have any questions.*

Any requests for exceptions to any of these dates MUST be submitted to and approved by the Finance Director.

Invoices & Requests DUE ON OR BEFORE	Audit Committee	CHECK RELEASE
Thursday- Jan 2, 2020	Wednesday- Jan 8, 2020	Tuesday- Jan 14, 2020
Thursday- Jan 16	Wednesday- Jan 22	Tuesday- Jan 28
Thursday- Jan 30	Wednesday- Feb 5	Tuesday- Feb 11
Thursday- Feb 13	Wednesday- Feb 19	Tuesday- Feb 25
Thursday- Feb 27	Wednesday- Mar 4	Tuesday- Mar 10
Thursday- Mar 12	Wednesday- Mar 18	Tuesday- Mar 24
Thursday- Apr 2	Wednesday- Apr 8	Tuesday- Apr 14
Thursday- Apr 16	Wednesday- Apr 22	Tuesday- Apr 28
Thursday- Apr 30	Wednesday- May 6	Tuesday- May 12
Thursday- May 14	Wednesday- May 20	Wednesday- May 27
Thursday- May 28	Wednesday- Jun 3	Tuesday- Jun 9
Thursday- Jun 11	Wednesday- Jun 17	Tuesday- Jun 23
Thursday- Jul 2	Wednesday- Jul 8	Tuesday- Jul 14
Thursday- Jul 16	Wednesday- Jul 22	Tuesday- Jul 28
Thursday- Jul 30	Wednesday- Aug 5	Tuesday- Aug 11
Thursday- Aug 13	Wednesday- Aug 19	Tuesday- Aug 25
Thursday- Sep 3	Wednesday- Sep 9	Tuesday- Sep 15
Thursday- Sep 17	Wednesday- Sep 23	Tuesday- Sep 29
Thursday- Oct 1	Wednesday- Oct 7	Tuesday- Oct 13
Thursday- Oct 15	Wednesday- Oct 21	Tuesday- Oct 27
Thursday- Oct 29	Wednesday- Nov 4	Tuesday- Nov 10
Thursday- Nov 12	Wednesday- Nov 18	Tuesday- Nov 24
Thursday- Dec 3	Wednesday- Dec 9	Tuesday- Dec 15
Thursday- Dec 17	Wednesday- Dec 23	Tuesday- Dec 29
Thursday- Dec 31, 2020	Wednesday- Jan 6, 2021	Tuesday- Jan 12, 2021

*\*Dates have been chosen due to the overlap of A/P, Payroll, and holidays.*

# CONTRACTED INSTRUCTOR INVOICE

Scan, Email or Send completed invoice to:  
 Attn: Recreation Manager  
 22500 SE 248<sup>th</sup> Street Maple Valley, WA 98038  
[parksrec@maplevalleywa.gov](mailto:parksrec@maplevalleywa.gov)  
 Phone: (425)432-9953

**Note:** this invoice template is available for your use. However, any style of invoice is acceptable as long as ALL the below information is included and it is signed. **Please include class rosters provided by MV Parks & Rec w/all Invoices**

Service Provider Information		Completion of all sections is required
<b>Invoice #</b>	(Required)	Date:
E-mail Address:		
Official Name: (As Listed on Contract) _____		
Contact Name:		
Address: _____		
City:		Zip:
Phone #:		
<b>Current Contract #</b>	(Required)	(As listed at the top of your contract)
Class Information		
Class Title:		
Class Start Date:		Class End Date:
Class Times:		Ages:

Billing Breakdown	Number of Participants x Class Fee	Total Fee
Registrations		\$
Punch Cards		\$
Drop-ins		\$
<b>Adjustments</b> <i>Refunds, Proration, etc.</i>		\$
Total Collected		\$
<i>Adjusted Total Revenue</i>		\$
Division of Funds		
Amount to City (30%)		\$
Amount to Instructor (70%)		\$
Less Facility Fee (If a TSD facility used)	# of hours @ \$    per hour =	(Less) \$

<i>Total Amount Due to contracted instructor:</i>	<b>\$</b>
---	-----------

**Signature Required** \_\_\_\_\_

The City Maple Valley will not withhold money for social security or federal income tax. Annual payments to the "Independent Contract Instructor" from the City in excess of \$600 will be reported to the Internal Revenue Service. It is the contractor's responsibility to satisfy any taxes due by the contractor in an appropriate manner.



The Form W-9 is an information return. It is commonly used by Cities that hire independent contractors.

The purpose of the W-9 is to gather a payee's correct tax information, including name, current address, and taxpayer identification number (TIN). The TIN is a payee's Social Security number (SSN) or Employer Identification Number (EIN).

The W-9 is not directly collected by the IRS. It is used by cities to gather a payee's tax information and subsequently included in that entity's 1099 form, which reports miscellaneous payments other than wages, typically those made to third parties or independent contractors. A W-9 also certifies that a payee is exempt from backup withholding

The W-9 form is for self-employed persons or those parties working as an independent contractor; in contrast with the W-4 form which is for individuals who work for a particular employer and subsequently have taxes withheld by that employer.

A W-9 form is needed by both individuals and business entities such as S and C Corporations and Limited Liability Companies.



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## CONTRACTED INSTRUCTOR'S SCOPE OF WORK

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### EXHIBIT A

\_\_\_\_\_ will teach \_\_\_\_\_ classes for the City of Maple Valley Parks & Recreation Department.

The instructor will:

- teach students the fundamentals...
- provide all...
- provide City staff with marketing materials per the established schedule

#### **Conditions:**

Instructors will request a class roster with emails from Maple Valley Parks & Recreation staff at least 24 hours prior to the start of a new session and send a group/individual message welcoming your participants and sharing any important class information. This can also be used to promote future classes.

Instructor agrees under no circumstances to transport any participants.

In case of emergency – instructors are required to call 911 and complete all needed paperwork including a City of Maple Valley “Incident Report” within 4 hours of the incident.

Classes will be taught each quarter throughout the duration of the contract. The final decision on space, specific time and dates for this program will be made by the Maple Valley Parks & Recreation staff responsible for registration. Any programs offered at any Tahoma School District facilities will be charged the current per hour Facility Use Fee. This hourly fee is to be deducted from the service provider’s invoice during the billing process.

Instructors are required to take attendance at every class using the provided roster. Any discrepancies are to be resolved by the instructor after consulting with the Maple Valley Parks & Recreation office staff. All discrepancies must be resolved immediately upon notice; should that not be possible, by the following day.

The instructor is responsible to secure and retain a medical & waiver form from all adult fitness class students annually. Forms to remain with instructor and used as needed.

All permanent and substitute instructors are responsible to annually (3 days prior to teaching) contact the City’s Human Resources Dept. (425-413-8800) and request and submit the Emergency Contact Information Form. An email will be sent with the information to perform the online nationwide background check. Anyone failing a background check will not be permitted to work under this contract.

Instructors are responsible for the participants before, during and after classes. As a courtesy to the staff working in the different offices located throughout the Lodge, spectators and children must be supervised by their parents at all times – please do not permit running, yelling or playing on the stairs or in the elevator.

Instructors are responsible for returning city or TSD space/room to the original condition or better upon completion of classes. See staff regarding location of cleaning supplies. Instructor will be responsible for any cleaning fees beyond normal use at a rate of \$40.00 per hour, billed in 15-minute increments. Only clear liquids and no food should be permitted in the assigned classroom.

#### **Medical Forms Are Needed from all students in adult Fitness/Athletic classes –instructor to collect and keep annually**

- See Medical Form included in this packet for template to use or make your own.

Form **W-9**  
(Rev. August 2013)  
Department of the Treasury  
Internal Revenue Service

## Request for Taxpayer Identification Number and Certification

**Give Form to the  
requester. Do not  
send to the IRS.**

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <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) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	Exemptions (see instructions):  Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
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 the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

<b>Social security number</b>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; border: 1px solid black; text-align: center;">-</td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; border: 1px solid black; text-align: center;">-</td> <td style="width: 40%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-		-	
	-		-		
<b>Employer identification number</b>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; border: 1px solid black; text-align: center;">-</td> <td style="width: 70%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-			
	-				

### Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below), and
4. 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 on page 3.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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### General Instructions

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

**Future developments.** The IRS has created a page on [IRS.gov](http://IRS.gov) for information about Form W-9, at [www.irs.gov/w9](http://www.irs.gov/w9). Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

#### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the

withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

**Note.** If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.



# City of Maple Valley

## Emergency contact information for Instructors

### Background Check Form

I am providing the following emergency contact information for the City's use by listing two individuals, in order of priority, who can be reached in case of accident, sudden illness, etc.:

Your Name: \_\_\_\_\_ Email: \_\_\_\_\_

#### Contact 1:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone number: \_\_\_\_\_

Phone number: \_\_\_\_\_

#### Contact 2:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone number: \_\_\_\_\_

Phone number: \_\_\_\_\_

I am also providing the following emergency notification data for the City's use in the case of regional disaster, such as an earthquake, by listing one individual who lives outside of Washington State: (OPTIONAL)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_  
No. & Street City State Zip Code

Phone number: \_\_\_\_\_

Phone number: \_\_\_\_\_

This Form must be submitted to: [becky.munson@maplevalleywa.gov](mailto:becky.munson@maplevalleywa.gov) at Maple Valley City Hall. You will receive an email link to complete the mandatory nationwide background check annually while you are contracted as an instructor or substitute instructor with the city.

I understand it is my responsibility to advise the City of any changes to this data:

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE



## INSTRUCTOR COURSE TEMPLATE

**\*Instructors to fill out one form per class to be registered in, do **not** combine multiple class titles on one sheet. Instructors who teach same class on different days will need to complete a form per registerable class\***

### Instructor Information

Name: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Publish Contact Information in Rec Guide? \_\_\_\_\_

Preferred Contact Information Published: \_\_\_\_\_

### Course Information

Class Title/Name: \_\_\_\_\_

Day(s) of the Week Class is Held: Mon. Tues. Wed. Thurs. Fri. Sat. Sun.

**(One class title per form, multiple sessions can be listed in table below)**

Start Time:	End Time:	Start Date:	End Date:
Start Time:	End Time:	Start Date:	End Date:
Start Time:	End Time:	Start Date:	End Date:
Start Time:	End Time:	Start Date:	End Date:

Exclusion Dates for Entire Quarter: \_\_\_\_\_

(Days classes will not be held-holidays, vacations, breaks)

Program Fee: \_\_\_\_\_

Drop In Fee: \_\_\_\_\_

Minimum Capacity: \_\_\_\_\_

Maximum Capacity: \_\_\_\_\_

(# of participants)

(# of participants)

Minimum Age of Participant: \_\_\_\_\_

Maximum Age of Participant: \_\_\_\_\_

Gender: \_\_\_\_\_

Location/Room Request: \_\_\_\_\_

Changes to Current Course Description (if needed): Please review your current description [here](#).

### Registration Notes:

(Extra info. registrants need to know that will print on customer receipt extra fees, attire, materials needed, etc.)

Do you allow proration for late registration?: \_\_\_\_\_

(If yes, the system will auto-calculate the amount of proration based on class fee & number of sessions)

Date: \_\_\_\_\_



**A.R.C. FORM**  
**Contracted Instructor**  
**Administrative Request for Change,**  
**Refund or Cancellation**

Instructor's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Course Name: \_\_\_\_\_

Qtr. or Session: \_\_\_\_\_ Day: \_\_\_\_\_ Dates: \_\_\_\_\_ Time: \_\_\_\_\_

ARC needs to be submitted 48 hours prior to scheduled class time or as early as possible per situation.

Administrative Request:

Comments:

_____ Makeup	Card	_____
_____ Refund	\$ _____	_____
_____ Cancellation	\$ _____	_____
_____ Rescheduled Date: _____	Room required? _____	

<u>Student's Name</u>	<u>Contacted</u>	<u>Transaction</u>	<u>Comments</u>
_____	Y N	Makeup Refund Transfer	
_____	Y N	Makeup Refund Transfer	
_____	Y N	Makeup Refund Transfer	
_____	Y N	Makeup Refund Transfer	
_____	Y N	Makeup Refund Transfer	

Instructor must contact students and provide them with information on the changes being made.

Other Notes: \_\_\_\_\_

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

**Office Use Only:** Copies to Admin & facilities staff. Route completed form to Recreation Specialist.

Received/Approved by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Rec Coordinator/Manager

**City of Maple Valley Parks and Recreation Department**  
**Annual Participant Medical Information Form**

All class participants are required to complete and return (to you- the instructor) this medical information form annually. It will remain on file with the class instructor and used only in case of emergency.

Today's Date: \_\_\_\_\_  
New student \_\_\_\_\_ Repeat student \_\_\_\_\_  
Name of Class \_\_\_\_\_ Instructors name: \_\_\_\_\_ Class Dates: \_\_\_\_\_

**General Information:**

Participant Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Gender (circle): Male \_\_\_\_\_ Female \_\_\_\_\_  
Email: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_  
Zip: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

**Emergency Contact Information:** (other than parent/guardian or doctor). This person will be called if contact cannot be reached using the above information.

Print Name: \_\_\_\_\_ Relationship to participant: \_\_\_\_\_  
City: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell phone number: \_\_\_\_\_

Name of person completing this form: \_\_\_\_\_ Relationship \_\_\_\_\_

**Medical Information:** Are you (your child) physically capable of participating in this class or activity?  Yes  No  
Precautions, medical conditions or important information about your health that the instructor should know?

\_\_\_\_\_  
\_\_\_\_\_

Currently take medications? No  Yes  List medications: \_\_\_\_\_

Allergies? No  Yes  List allergies: \_\_\_\_\_

Allergic to medications? No  Yes  List types of medication: \_\_\_\_\_

Have Food Allergies? No  Yes  List: \_\_\_\_\_

Heart conditions? No  Yes  List: \_\_\_\_\_

Known physical restrictions? \_\_\_\_\_

Physician Name: \_\_\_\_\_ Office City \_\_\_\_\_

Phone Number: \_\_\_\_\_

Medical Insurance Provider: \_\_\_\_\_ Policy #: \_\_\_\_\_

Last physical exam? Month \_\_\_\_\_ Year \_\_\_\_\_

Preferred emergency hospital: \_\_\_\_\_ City \_\_\_\_\_

Comments: \_\_\_\_\_

**General Waiver:**

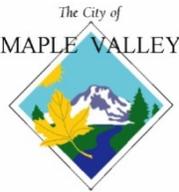
I, \_\_\_\_\_ assume all risks and hazards incidental to participating in City of Maple Valley Parks & Recreation activities, and do hereby waive release, absolve, indemnify, and agree to hold harmless the City of Maple Valley and its employees, supervisors, participants, volunteers and contracted instructors, for any claim arising out of injury, damage, or personal loss incurred to myself or my family members in connection with the activities sponsored or co-sponsored by City of Maple Valley Parks and Recreation. I, undersigned, am fully aware of the potential dangers and risk inherent in these activities, including physical injury, death, or other consequences that may arise or result directly or indirectly from participation in these activities.

I have read and understand the above,

Signature of (adult 18+) participant: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please promptly return this completed form to your instructor prior to participation. In addition, please communicate any conditions verbally as needed.

 <p><b>Parks &amp; Recreation</b></p>	<h1 style="margin: 0;">Incident Report (Medical/Rescue)</h1>		Incident Number (for office use only)	
			Date of Incident / /	
			Time of Incident :	
			Date of Report / /	
Type of Incident		Location of Incident		
Name of Victim (Last, First MI)		DOB / /	Phone Number ( ) -	
Street Address		City	State	Zip Code
<b>Rescue: (Use for water rescues)</b>				
Type of Rescue		Location of Victim		
<b>Medical: (Use for any first aid/medical assistance rendered by staff)</b>				
Called: Aid/FD <input type="checkbox"/> MVPD <input type="checkbox"/> KCSO Dive Team <input type="checkbox"/> Recommended to: See M.D. <input type="checkbox"/> Go to ER <input type="checkbox"/>				
Time Called :	Time Arrived :	Responding Agency(s)		
Where did the incident occur				
What activity was the victim engaged in at the time of the accident				
Location of first contacted with a Staff Person(s)		Name and Title of Staff Person first contacted		
Symptoms of the Victim				
Action taken				
Supplies and Materials used				
Staff On duty/involved				
Name	Title	Name	Title	
Parent/Guardian Notified:		Yes <input type="checkbox"/> No <input type="checkbox"/>	Name of person contacted	
		attempted, but Unable to Contact <input type="checkbox"/>		
Relationship to Victim		Contacted by		
Disposition: Remained at Park <input type="checkbox"/> Went Home <input type="checkbox"/> Went to M.D. <input type="checkbox"/> Went to Hospital <input type="checkbox"/> Other: _____				
Transportation: Walked <input type="checkbox"/> Private Car <input type="checkbox"/> Ambulance <input type="checkbox"/> Other: _____				
Name of Ambulance Company		Name of Driver (if private car)		
Report Completed by		Supervisor Reviewing Report		
Signature		Signature		
NOTE: If 911 is called the must also complete reversies side of this form, and a written statement from all on duty staff is required. Also any incidents in the lodge require a narrative.				



City of Maple Valley Parks & Recreation Department

**NEW CLASS PROPOSAL FORM**

**One needed for each class offered.**

Instructor \_\_\_\_\_  
 Organization \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ Zip \_\_\_\_\_  
 Preferred Phone \_\_\_\_\_  
 Alt. Phone & Email \_\_\_\_\_

Information listed below represents a proposal I am submitting for consideration by the City of Maple Valley Parks & Recreation Department.

Class/Program Title \_\_\_\_\_

**PROGRAM/CLASS DESCRIPTION**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**GENERAL INFORMATION**

*First Choice*

Weekday(s) this class is offered: Su M T W TH F Sa  
 Location/Room \_\_\_\_\_  
 Proposed Start Date \_\_\_\_\_ Proposed End Date \_\_\_\_\_  
 Beginning Time \_\_\_\_\_ Ending Time \_\_\_\_\_

*Second Choice*

Weekday(s) this class is offered: Su M T W TH F Sa  
 Location/Room \_\_\_\_\_  
 Proposed Start Date \_\_\_\_\_ Proposed End Date \_\_\_\_\_  
 Beginning Time \_\_\_\_\_ Ending Time \_\_\_\_\_

Please circle the **seasons** this program would be offered.

- WINTER January-March
- SPRING April-June
- SUMMER June-August
- FALL September-December

Please describe the **ages** this program would be offered for.

From \_\_\_\_\_ to \_\_\_\_\_ years

Min. # of Students: \_\_\_\_\_

Max. # of Students \_\_\_\_\_

Proposed **Fee** Charged for the Class \$ \_\_\_\_\_

**SUPPLIES & EQUIPMENT**

Facility Requirements

\_\_\_\_\_  
\_\_\_\_\_

Equipment or supplies provided by the **Instructor**.

\_\_\_\_\_  
\_\_\_\_\_

Equipment or supplies provided by the **Recreation Department**.

\_\_\_\_\_  
\_\_\_\_\_

**INSTRUCTOR PAYMENT INFORMATION**

How instructor would like to be paid for services rendered: (please choose one option)

- Percentage split of **70% to instructor / 30% to City of Maple Valley**.
- Volunteer Time/No Payment Requested

Do you have current CPR & First Aid Certification? Please list dates of certification.

CPR \_\_\_\_\_ First Aid \_\_\_\_\_

Do you currently possess Commercial Liability Insurance? Yes  No

Have you taught this class before?  Yes  No

If yes, when? Where? \_\_\_\_\_  
\_\_\_\_\_

Please explain the experience you have teaching this class or cross training experience that enables you the ability to teach the proposed class.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list at least 2 professional references.

Name	Organization	Phone Number
_____	_____	_____
_____	_____	_____

Instructor Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please Return To:**

City of Maple Valley Parks & Recreation  
Attention: Recreation Coordinator  
22500 SE 248<sup>th</sup> Street  
Maple Valley, WA 98038  
Allison.scott@maplevalleywa.gov

City of Maple Valley  
 Parks & Recreation  
 22500 SE 248<sup>th</sup> Street  
 Maple Valley, WA 98038  
 Tel: 425-432-9953  
 maplevalleywa.gov  
[paksrec@maplevalleywa.gov](mailto:paksrec@maplevalleywa.gov)  
 Or  
[surveymonkey.com/r/XQKS737PandRSatisfaction](https://surveymonkey.com/r/XQKS737PandRSatisfaction)

**COURSE PARTICIPANT EVALUATION**  
 Please submit to instructor or Recreation office



Answer Questions and/or Rank Below - 1 being the most favorable and 5 being the least.

**How are we doing?** You can help us to better serve you by taking a few minutes to complete this participant evaluation.  
 Name of Class:  
 Instructor's Name:  
 Class Location:

**Optional information for follow-up with you.**  
 Name: \_\_\_\_\_  
 Day Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

**The class/instructor provided me with the information that I expected.**  
 1 2 3 4 5  
 Comments:

**Age group of those in your family that participate in Maple Valley Recreation & Parks activities/classes (circle all that apply):**  
 0-5 years 18-21 years  
 6-11 years 22-49 years  
 12-17 years 50+

**The class is/was offered at a convenient time.**  
 1 2 3 4 5  
 What would be the most ideal time for you?

**List the Maple Valley Parks & Recreation activities that you/your family participate in.**

**I received my money's worth from the program.**  
 1 2 3 4 5  
 Comments:

**Is there an activity that we don't offer that you would like to participate in?**

**The registration process was easy and efficient.**  
 Online 1 2 3 4 5 NA  
 Phone 1 2 3 4 5 NA  
 Fax 1 2 3 4 5 NA  
 Walk-in 1 2 3 4 5 NA  
 Other 1 2 3 4 5 NA  
 Comments:

**How did you hear about the class/activity?**  
 Recreation Guide Website Friend  
 Newspaper Flyer Other  
 Comments:

**How would you rate the facility where the class is held?**  
 1 2 3 4 5  
 Comments:

**Would you like to offer any comments or a testimonial? Comment here or on back of evaluation sheet.**  
 Can we publish your comment? Yes No  
 Your Name:

**What are your zip codes?**  
**Residence**  
**Work**

Home Phone:  
 Work Phone:

In order to improve participant experiences please fill out this survey to ensure positive growth. It is the contractor's responsibility to pass evaluations out at the end of each session. Please return survey's to the Parks & Recreation office. Use additional side for other comments. Thank you!

<b>Recreation Classroom Condition Form</b>						
Instructor:	Class:	Room:	Date:	Time:		
	DIRTY	UNSAFE	BROKEN	NOT WORKING	OTHER	COMMENTS
Parking Lot						
Lodge Entry						
Lights						
Floors						
Mirrors						
Walls						
Speaker/Sound						
Public area						
Heat						
Air Conditioning						
Chairs/Benches						
Restrooms						
Stairs/Elevator						
Doors						
Closet						
Other						

We appreciate you selecting to offer programs/classes at Lake Wilderness Lodge. Because many different activities are offered here and in most cases there is very limited time between programs, we ask for you to please do your part to keep the facility looking good. If everyone simply does their part and cleans up after their participants there will be no issues.

In efforts to assure a clean and properly set up room, we have provided this form for you to use if you don't find the assigned space in satisfactory condition. Please don't abuse this form; it should only be used in extreme or repeated situations.

Instructor may be billed for cleaning fees beyond normal use at a rate of \$40.00 per hour, billed in 15-minute increments.

Per your contract, instructors are responsible for returning city or TSD space/room to the original condition or better upon completion of classes. This includes the floors and mirrors. See staff regarding location of cleaning supplies.

To avoid any issues instructors are to only permit water in the assigned class rooms.

**Office Use Only:** Date: \_\_\_\_\_

Staff initials of who received this form: \_\_\_\_\_ Rec Staff reported to: \_\_\_\_\_

Staffs follow up and result: \_\_\_\_\_ Staff time to address issue: \_\_\_\_\_

Staff Comments: \_\_\_\_\_ By: \_\_\_\_\_