



City of Lompoc
Parks & Recreation

Instructor
Proposal
Packet

Lompoc Parks & Recreation
CONTRACTED INSTRUCTOR RESPONSIBILITIES

GOAL OF THE DEPARTMENT

Improving the quality of life for the individual and the community in the ultimate purpose of Lompoc Parks & Recreation.

We believe it is our responsibility to see that every citizen is made aware of the worthy use of leisure time and to aid those who need help to become recreationally self-sufficient.

YOUR SCHEDULE

1. Arrive at least ten minutes BEFORE class start time.
2. If you are going to be absent for any reason, you must:
 - i. Contact all participants to inform them of the class cancellation;
 - ii. Contact your Recreation Supervisor directly; if you have to leave a message on voicemail, you must also contact the Anderson Recreation Center Administrative Offices at 875-8100. If the Recreation Supervisor is unavailable, you must also contact the Anderson Recreation Center Administrative Offices notifying them of your absence and the reason for your absence.
3. Make-Up Classes
 - i. If class is cancelled by the Instructor due to emergency or illness, the class may:
 1. Be made up on another day*, or
 2. Credit can be given to participants for the missed class.

***THE FOLLOWING MUST BE OBSERVED:**

- Contact your Recreation Supervisor to coordinate the date & time of the requested make-up class. They will handle facility reservations as well as making sure the facility is available prior to you notifying your students of the new class date & time.
- Make sure all participants are contacted and informed of the change.

PUBLICITY & PROMOTION

1. Remember that it is your responsibility to thoroughly promote your class(es). Your profit depends on the amount of effort you put into your class(es).
2. The Parks & Recreation will promote your class(es) by preparing promotional flyers for you and posting them at the Anderson Recreation Center. At least three weeks prior to the date that you'd like your flyers to be posted, submit all desired information to the appropriate Recreation Supervisor.
3. Any flyers that are not created by the Parks & Recreation must be approved prior to release; in addition, once approved you must inform the appropriate Recreation Supervisor where or to whom you will be distributing the flyers.
4. Distribution of private flyers requires strict guidelines that must be followed. Posting and removing flyers within the community is your responsibility.
5. The Parks & Recreation is responsible for Public Service Announcements. Keep in mind that Public Service Announcements run at the discretion of the media; please do not solely rely on Public Service Announcements as the only source of promotion.
6. You may also submit information for press releases to the appropriate Recreation Supervisor. All information regarding your class(es) must be submitted at least three weeks in advance to allow for processing. The Parks & Recreation must approve any information that will be released to the media, including but not limited to: newspapers, TV stations, and radio stations.

Lompoc Parks & Recreation
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LEISURE ACTIVITY GUIDE

Your class(es) will be advertised in the Parks & Recreation's program guide three times annually.

- A. Winter/Spring Leisure Activity Guide: January – April
Information is due by the first Friday in October
- B. Summer Leisure Activity Guide: May – August
Information is due by the first Friday in March
- C. Fall Leisure Activity Guide: September – December
Information is due by the first Friday in June

You are welcome to turn in your schedule to the appropriate Recreation Supervisor prior to these dates, however these are the final deadlines. Please note that some dates may be altered due to holidays and the closure of facilities. The Parks & Recreation's program guide is a big publicity push, so please remember the deadlines! Turn in any written descriptions of your class(es) with your schedules. (*Attachment B*)

REGISTRATION

Absolutely NO registrations may be taken at class. Participants must pre-register by mail, complete a walk-in registration at the Anderson Recreation Center, or register by phone with a Visa or MasterCard. (*Attachment C*)

All pre-registrations can be mailed to us or dropped off 24-hours a day to:

City of Lompoc
Parks & Recreation
125 West Walnut Avenue
Lompoc, CA 93436-6749

You are required to call the Anderson Recreation Center two working days prior to the first class meeting to determine whether or not the class should be held, postponed or cancelled.

All classes are kept to a participant minimum and maximum. The Recreation Supervisor will cancel the class before the class start-date if the minimum enrollment has not been met and we have yet heard from you. If the class is cancelled, the facility will be booked for other activities.

You will receive a class roster and attendance sheet on the first day of each new session. You will also receive updated class rosters as requested. You are required to request these materials from the appropriate Recreation Supervisor either in person, email or by fax.

If a student attends your class that has not pre-registered, please have them sign the Participant Waiver of Liability Form (*Attachment D*) with their name, address, and phone number; then they may attend the class. Prior to the next class, they must go and register for your class. Please give the participant a blank Program Registration Form (*Attachment C*) and tell them how they can register. If their name is not on the next roster you request, do not admit them into your class.-

CONTRACTOR REQUIREMENTS

All non-exempt contracted instructors are required to purchase a business license annually in order to teach classes.

For certain classes, instructors may be required to provide the Parks & Recreation with a copy of their Certificate of Liability Insurance.

Lompoc Parks & Recreation
CONTRACTED INSTRUCTOR RESPONSIBILITIES

PERFORMANCES & SPECIAL EVENTS

Should you elect to sponsor a special performance, please contact the Recreation Supervisor with the date, time, location, and other pertinent details. If you are requesting use of a city facility, please prepare well in advance.

You may be authorized to write special news releases for special programs; however, be sure to submit a copy to the appropriate Recreation Supervisor *at least three weeks in advance*.

TRANSPORTING PARTICIPANTS

You may not transport class participants at any time during, before or after class time.

INCIDENTS & ACCIDENTS

The Instructor must complete an Incident/Accident Form (*Attachment E*) for any unusual circumstance or incident (i.e. theft, irate parent, etc.) or accident involving any adult or minor, registered participant, spectator or visitor.

PROCEDURES FOR A SERIOUS ACCIDENT:

1. Send someone to contact the Building Supervisor on duty at the Anderson Recreation Center and the Dick DeWees Community and Senior Center. At other city facilities, such as the Civic Auditorium, contact the Police Department immediately.
2. Contact the Lompoc Police Department. From phones at the Anderson Recreation Center and the Dick DeWees Community and Senior Center, dial "9, 9, 1, 1." Release your name, identify yourself as an Instructor, release your location, and identify the nature of the injury. Do not hang up until the operator tells you to. Never call an Ambulance Company directly or you will be billed for the expense.
3. Contact an emergency contact person, parent, or close relative to inform them of the accident.
4. Contact any Parks & Recreation Representative immediately (please see attached sheet for names and phone numbers).
5. Complete the Incident/Accident Report Form and submit it within 24 hours to the appropriate Recreation Supervisor.

RECREATION SCHOLARSHIPS

The Parks & Recreation has a program for participants with financial hardships. The Parks & Recreation is asking that you accept students with financial hardships as well as full-fee paying participants.

Each student that requests Financial Assistance must complete a Scholarship Application for the Parks & Recreation. If the applicant requests your class, your Recreation Supervisor will contact you. We ask that each Instructor accept one student receiving scholarship for every 10 full-fee paying participants.

If you have any questions about this program, please contact your Recreation Supervisor.

VOLUNTEERS

Any person volunteering to assist with your class(es) or program(s) must complete a City of Lompoc Volunteer Application (*Attachment F*). The application is required prior to volunteering. This process allows them to be recognized as a City of Lompoc Volunteer and enables the City to track our volunteers and show our appreciation for their dedication. This also provides Worker's Compensation Insurance throughout the time they work in our programs.

Lompoc Parks & Recreation
CONTRACTED INSTRUCTOR RESPONSIBILITIES

EVALUATIONS

Program Evaluations are an essential part our Contract Programs. They help the Contractor personalize their program or class towards their participants' needs. They also help Lompoc Parks & Recreation in their continued effort to maintain diverse quality programming for our patrons. Program Evaluation Forms (*Attachment G*) will be distributed in one of two ways:

1. The Recreation Supervisor will supply you with Evaluation Forms to be distributed to every participant during the 2nd to last class. You would ask the students to return the forms on the last day of class. Within one week from your class end date, you would submit the forms to your Recreation Supervisor *or*
2. The Evaluation Forms can be mailed directly to your participants, upon request. If the forms are mailed directly to your participants, please remind your students to fill them out and turn them back in or mail them to Lompoc Parks & Recreation as soon as possible.

ATTENDANCE RECORDS

Please take attendance at the beginning of each class. Attendance Sheets must be turned in at the end of each class session along with your participant evaluation forms (see above).

HELPFUL HINTS

- ❖ Contact participants who drop your class to determine why.
- ❖ Keep in communication with Lompoc Parks & Recreation by contacting the Recreation Supervisor. Inform us of any problems, changes, or concerns.
- ❖ Promote your class! Your profit is contingent upon the effort you put into your class.
- ❖ Materials that YOU purchase may be tax-deductible.

ADDITIONAL INFORMATION

The City of Lompoc Parks & Recreation has a 24-hour telephone message service. If you need to leave a message for a certain employee, please call their direct telephone line (or call 875-8100 and we can transfer you if during normal business hours, Monday – Friday 9am – 5pm) and if they are unavailable, their personal message will come on, enabling you to leave a message.

**City of Lompoc
Parks & Recreation**
125 West Walnut Avenue
Lompoc, CA 93436-6749
PHONE (805) 875-8100
WEBSITE www.cityoflompoc.com

PARKS & RECREATION DEPARTMENT REPRESENTATIVES

Sue Slavens, Recreation Coordinator
Senior Programs Supervisor (805) 875-8098
s_slavens@ci.lompoc.ca.us

Haley Lepper, Recreation Supervisor
Adult Programs Supervisor (805) 875-8092
h_lepper@ci.lompoc.ca.us

Jeff Storie, Recreation Supervisor
Aquatics Programs Supervisor (805) 875-2703
J_storie@ci.lompoc.ca.us

Mario Guerrero, Jr., Recreation Manager
Sports Programs Supervisor (805) 875-8095
m_guerrero@ci.lompoc.ca.us

JoAnne Plummer, Recreation Manager
Youth Programs Supervisor (805) 875-8097
j_plummer@ci.lompoc.ca.us

Lompoc Parks & Recreation
CONTRACTED INSTRUCTOR RESPONSIBILITIES

ATTACHMENTS:

- A.) Instructor Proposal Form
- B.) Brochure Information Sheet
- C.) Blank Registration Form
- D.) Waiver of Liability Form
- E.) Incident/Accident Form
- F.) Volunteer Application
- G.) Evaluation Form

Lompoc Parks & Recreation
INSTRUCTOR PROPOSAL FORM

Today's Date _____

NAME _____

ADDRESS _____

CITY, ST, ZIP _____

HOME PH. # _____ ALTERNATE PH. # _____

EMAIL ADDRESS _____

Area of Instructional Interest _____
Youth, Teen, Adult, Senior, Events

Please answer the questions below in the space provided.
Please attach additional pages as necessary (be sure to reference the question number).

What training and/or experience and/or education do you have that you feel qualifies you to instruct on this subject matter?

What age group would you like to teach to?

How many class meetings will you require?

What is the length of time for each class?

What do you require in your facility for instruction? (i.e. chalkboards, wood floors, etc.)

Lompoc Parks & Recreation
BROCHURE INFORMATION

SESSION: (Circle One) Winter/Spring Summer Fall
Jan - May June - Aug Sept - Dec

CLASS TITLE: _____ DAYS: _____

DATES: _____ TIMES: _____ AGES: _____

CLASSES/WEEKS PER SESSION: _____ MINIMUM / MAXIMUM ENROLLMENT: ____ / ____

FEES: _____ Resident Rate _____ 2nd Child/Family Member Discount
(Residents living outside of Lompoc City limits will pay 20% above the established rate)

PREFERRED CLASS LOCATION: _____

CLASS DESCRIPTION: (Please be creative in your description)

SPECIAL INSTRUCTOR NOTES: (Desired Classroom Setup, Chalkboard Required, Etc.)

STUDENT SUPPLIES/MATERIALS LIST:

INSTRUCTOR INFORMATION

Instructor's Name: _____

Day Phone: _____ Evening Phone: _____

Mailing Address: _____ City: _____

E-Mail: _____

**Return to: Lompoc Parks & Recreation
125 West Walnut Avenue
Lompoc, CA 93436-6749
(805) 875-8100**

REGISTRATION FORM

Name of Participant	Date of Birth	M/F	Class Name & Session #	Level	Date	Time	TOTAL FEES

Cash _____ / Check# _____ / Credit Card _____

MasterCard (circle one)
 Visa
 # ____ / ____ / ____ / ____

Expiration Date _____

Card Holder Name _____

Scholarship Fund:
 Total Program Fees:
 Parent/Guardian _____
 Address _____
 Phone () _____

3 Digit Authoriza tion Code _____

REGISTRATION FORM

Name of Participant	Date of Birth	M/F	Class Name & Session #	Level	Date	Time	TOTAL FEES

Cash _____ / Check# _____ / Credit Card _____

MasterCard (circle one)
 Visa
 # ____ / ____ / ____ / ____

Expiration Date _____

Card Holder Name _____

Scholarship Fund:
 Total Program Fees:
 Parent/Guardian _____
 Address _____
 Phone () _____

3 Digit Authoriza tion Code _____

PARKS AND RECREATION WAIVER, RELEASE AND INDEMNITY AGREEMENT

For, and in consideration of permitting _____ to enroll in, and

(Participant's Name)

participate in the _____, sponsored by the City of Lompoc Parks and Recreation Department, the undersigned hereby voluntarily releases, discharges, waives, and relinquishes any and all actions or courses of action for personal injury, property damage, or wrongful death occurring to himself arising as a result of engaging in, or receiving instructions in, said activity or any activities incidental thereto wherever or however the same may occur and for whatever periods that activities or instruction may continue, and the Undersigned does for himself, his heirs, executors, administrators, and assigns hereby release, waive, discharge and relinquish any action or course of action, aforesaid, which may hereafter arise for himself and for his estate, and agrees that under no circumstances will he or his heirs, executors, administration administrators, and assigns prosecute, present any claim for personal injury, property damage, or wrongful death against the City of Lompoc or any of its officers, agents, servants, or employees for any of said causes of action, whether the same shall arise by the negligence of said persons or otherwise.

IT IS THE INTENTION OF _____, BY THIS INSTRUMENT, TO EXPRESSLY

(Adult participant's name, OR Parent/Guardian)

ASSUME ALL RISKS OF THIS ACTIVITY, AND TO EXEMPT AND RELIEVE THE CITY OF LOMPOC FROM LIABILITY FOR PERSONAL INJURY PROPERTY DAMAGE, OR WRONGFUL DEATH CAUSED BY NEGLIGENCE.

The Undersigned for himself, his heirs, executors, administrators, or assigns agrees that in the event any claim for personal injury, property damage, or wrongful death shall be prosecuted against the City of Lompoc, he shall indemnify and hold harmless the same City of Lompoc from any and all claims or causes of action by whomever or wherever made or presented for personal injury, property damage, or wrongful death. In the event of illness or injury, the Lompoc Parks and Recreation Department is authorized to seek medical treatment and care for the named participant.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THIS RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, AND FURTHER AGREES THAT NO ORAL REPRESENTATIONS, STATEMENTS, OR INDUCEMENTS APART FROM THE FOREGOING WRITTEN AGREEMENT HAVE BEEN MADE. THE UNDERSIGNED EXPRESSLY ACKNOWLEDGES THAT THE FOREGOING WAIVER, RELEASE AND INDEMNITY AGREEMENT IS INTENDED TO BE AS BROAD AND INCLUSIVE AS IS PERMITTED AND IF ANY PORTION IS HELD INVALID, IT IS AGREED THAT THE BALANCE SHALL, NOTWITHSTANDING, CONTINUE IN FULL LEGAL FORCE AND EFFECT.

The Undersigned acknowledges that he has read the foregoing paragraphs, has been fully and completely advised of the potential dangers incidental to engaging in the activity and the instructing in said activity and is fully aware of the legal consequences of signing this document.

I/we are the parent(s)/guardian(s) of _____, a minor. We hereby consent to said minor's participation in the above described Parks and Recreation Department activity program. We hereby agree to indemnify and hold harmless the City of Lompoc from any claim for injuries or damages that said minor may have against the City by reason of his participation in said activity.

IN ADDITION, I/WE WAIVE ALL RIGHTS WE MAY HAVE UNDER CALIFORNIA CODE OF CIVIC PROCEDURE SECTION 376, WHICH PROVIDES FOR A PARENT'S CAUSE OF ACTION FOR INJURY TO THIS CHILD.

INCIDENT / ACCIDENT REPORT FORM

(Circle Which One)

Fill out the entire form and return to the Parks and Recreation Department office within 24 hours of the Incident/Accident. This report is required by the City as a confider report for transmission to, and use by, the City Attorney and the attorneys for the City's insurance.

A. PROGRAM INFORMATION

Activity/Program _____

If applicable, specify team name, building rental name, or name of group involved. _____

Day/Date/Year _____

Time of Incident/Accident: AM / PM _____

Specify building, park, playground where Incident/Accident occurred _____

Specify what area/room or other physical location _____

B. PERSONS INVOLVED: What role did they play? I=Injured; P=Participants; W=Witness(es)

Be sure to complete all information.

role	Name	Address/City	Phone	Sex	Age

C. DESCRIPTION OF INCIDENT/ACCIDENT

Note: If an injury occurs, answer Section I and II. If no injury, go straight to Section II.

SECTION I: Accident

1. Indicate exact location of injury on victim, nature and extent of injury: _____

City of Lompoc

Volunteer Application



Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Availability

During which hours are you available for volunteer assignments?

- Weekday mornings Weekend mornings
 Weekday afternoons Weekend afternoons
 Weekday evenings Weekend evenings

Interests

Tell us in which areas you are interested in volunteering

- Administration
 Events
 Field work
 Fundraising
 Deliveries
 Phone bank
 Newsletter production
 Volunteer coordination

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

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Program Evaluation

What program did you attend: _____

Date: _____ Your Name: _____

Have you been involved in this program before? Yes No

What process did you use to register for the program? Phone Fax Email In Person

Would you attend the program again or recommend to a friend? Yes No

How did you find out about the Parks and Recreation Program? Other: _____

City Web Site Department Brochure Friend/Family Flyers Word of Mouth

Please Rate the Following Below

	Excellent	Good	Fair	Poor
Program Hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program Content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your Enjoyment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program Cost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Registration Process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff Friendliness/Enthusiasm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Things I enjoyed: _____

Other Comment/Suggestions: _____

Your comments assist us in evaluating our current programs and services.
Thank you for taking the time to complete this form!