

# Welcome!

The City of Dunwoody Parks & Recreation Department offers a variety of programs and activities. We thank you for your interest in contributing your knowledge and expertise to enrich the lives of others in the Dunwoody community.

Dunwoody is committed to providing high quality park and recreation amenities to our residents and takes pride in the facilities it has available so that citizens of all ages can play. Your involvement will enhance the strength of our programming and contribute to the overall success of our department.

The intent of this handbook is to provide you with important information about becoming an instructor with the Dunwoody Parks & Recreation Department.

Thank you again for your interest in being a part of the Dunwoody Parks & Recreation Department. We look forward to working with you!

Sincerely,

Rachel Waldron

Rachel Waldron Recreation Program Supervisor rachel.waldron@dunwoodyga.gov



# Who Are We Looking For?

The City of Dunwoody Parks & Recreation Department is seeking to partner with individuals and businesses that have a similar vision for recreation services. We expect all instructors to provide programs in an environment that promotes healthy lifestyles and supports development of knowledge and skills in a variety of ways.

# **Application Process**

To be considered as an instructor with the City of Dunwoody, you must submit an Instructor Program Proposal and Program FAQ. In order for your proposal to be considered for a particular season, it must be submitted by the deadline listed below. If submitted after the deadline, it will be considered for the following program season.

"Discover Dunwoody" Season	Months	Deadline for Proposal
Spring 2018	Jan, Feb, Mar, Apr	November 1, 2017
Summer 2018	May, June, Jul, Aug	March 1, 2018
Fall/Winter 2018	Sept, Oct, Nov, Dec	July 1, 2018

# **Instructor Program Proposal**

The proposal form allows each instructor to submit basic information about the program they would like to offer. The City of Dunwoody Parks & Recreation Department currently accepts proposals in the following areas:

Adult Activities	Senior Activities	Fitness (youth & adult)
Tennis	League Sports (youth & adult)	

Please also submit any certifications and applicable experience with your proposal.

If accepted, the Recreation Program Supervisor will contact you to discuss program details.

# Instructor Information

# Insurance

See Insurance Requirements attachment.



### **Payment Percentage**

As an instructor, you will be paid at the conclusion of your program. Payment is calculated on the number of class registrations. You will be paid at **75%** of the collected registration fees. You will be notified in writing at least 6 months prior to any change in pay rate. Each agreement is for a 12-month period. **No class refunds will be given after the first two classes have been conducted.** 

#### **Substitute Instructors**

Instructors are expected to hold and teach their program as agreed to in the signed agreement. However, we realize circumstances arise. You may appoint a substitute instructor to teach in your place, provided they submit an Instructor Program Proposal and pass a criminal background check.

#### **Independent Contractor**

As an instructor for the Parks & Recreation Department, you are an independent contractor and **not** an employee of the City of Dunwoody. You are not eligible for any benefits and the City will not withhold any taxes.

# **Program Information**

# **Program Registration**

All registrations must be done through the online portal at rec1.com. Instructors will not collect any fees during class unless it is a pre-approved supply fee that has been documented in the "Discover Dunwoody" Guidebook and your signed agreement.

Instructors are responsible for using the online portal to notify participants of any changes to the program schedule or to update instructor contact information. Additionally, you are responsible for organizing your curriculum, course instruction, and all materials you deem appropriate for the program.

# Selling

The City does not allow instructors to sell and/or advertise merchandise or any other businesses in programs taught through Dunwoody Parks & Recreation **except** for supplies necessary for the instruction of the program.



# Marketing

# **City Promotion**

As part of your agreement, your program will be included in the "Discover Dunwoody" Guidebook and at city-sponsored events. Any marketing in relation to your program must be approved in advance and distributed in a manner that represents Dunwoody's marketing principles and strategies.



# **Program Request Form**

Contact Information Organization Name:
Organization Contact:
Phone:
Email:
Organization Address:
Program Information Program Name:
Program Description:
Season
$_{\odot}$ Winter/Spring (1/1-4/30, accepting proposals until Nov 1)
<ul> <li>Summer (5/1-8/31, accepting proposals until March 1)</li> </ul>
<ul> <li>Fall/Winter (9/1-12/31, accepting proposals until July 1)</li> </ul>
Do you already have participants interested in this program? If yes, how many? Yes No
Please circle your target age group: Preschool/ Youth/ Teen/ Adult/ Senior
Preferred Day(s) of the Week:
Preferred Start Time:
Preferred End Time:
Number of classes per session:
Frequency: Weekly Bi-Weekly Monthly Other



#### Instructor Information

Please list information for any potential instructors:
Name:
Phone:
Social Security Number/Tax ID:
Date of Birth:
DL#/State:
Are you certified to run the class/program you are offering?
How many years have you been an instructor?
Will you provide the materials necessary for the class/program?
Program Fees Participants will pay any material fees directly to the instructor/provider.
Fee(s) per Participant:

References

Organization's Representative Signature:

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

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize the investigation of all statements contained in this application for contract employment as may be necessary in arriving to an employment decision. In the event of contracting my services, I understand that false or misleading information given in my application or interview may result in discharge. I also understand that I am required to abide by all rules and regulations of the City of Dunwoody. Candidates are subject to a Georgia criminal background check prior to contract appointment with the City of Dunwoody.

Submission of an application does not guarantee placement as a contract instructor. Acceptance depends on many factors such as program needs, facility availability, instructor availability, and timeliness of application." And "Return completed application to Rachel Waldron at <u>rachel.waldron@dunwoodyga.gov</u>.



# **Program FAQ**

Instructors are required to provide one Program FAQ for each offering, each season. These are used by staff to provide information about your program.

### **Contact Information**

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

Instructor: \_\_\_\_\_

Phone (to be given to participants): \_\_\_\_\_\_

#### **Program Information**

Season: Spring Summer Fall/Winter

Dates class will not be held during the season:

Is there a supply fee due to you the first day of class? Y N If yes, what does it include?

What does the participant need to bring to class? (i.e. yoga mat, closed-toe shoes)

# **Other Information**

Please list any other information you would like to provide.



# **Insurance Requirements**

Within 10 days of execution of this Agreement, and at all times that this Contract is in force, the Contractor shall obtain, maintain and furnish the City Certificates of Insurance from licensed companies doing business in the State of Georgia with an A.M. Best Rating A-6 or higher and acceptable to the City covering:

1. Statutory Workers' Compensation Insurance

(a) Employers Liability:

Bodily Injury by Accident - \$1,000,000 each accident

Bodily Injury by Disease - \$1,000,000 policy limit

Bodily Injury by Disease - \$1,000,000 each employee

2. Commercial General Liability Insurance

(a) \$1,000,000 limit of liability per occurrence for bodily injury and property damage Owner's and Contractor's Protective

- (b) Blanket Contractual Liability
- (c) Blanket "X", "C", and "U"
- (d) Products/Completed Operations Insurance
- (e) Broad Form Property Damage
- (f) Personal Injury coverage

3. Auto Liability Insurance

(a) \$500,000 limit of liability per occurrence for bodily injury and property damage

(b) Comprehensive form covering all owned, non-owned, leased, and hired vehicles

4. Umbrella Liability Insurance - \$1,000,000 limit of liability

(a) Coverage at least as broad as primary coverage as outlined under Items 1, 2 and 3 above

5. The City of Dunwoody, Georgia, and its subcontractors and affiliated companies, their officers, directors, employees shall be named on the Certificates of Insurance as additional insured and endorsed onto the policies for Comprehensive General Liability, Automobile Liability and Umbrella Liability insurance maintained pursuant to this Contract in connection with liability of the City of Dunwoody and their affiliated companies and their officers, directors and employees arising out of Contractor's operations. Copies of the endorsements shall be furnished to the City upon execution of this Agreement. Such insurance is primary insurance and shall contain a Severability of Interest clause as respects each insured. Such policies shall be non-cancelable except on thirty (30) days written notice to the City. Any separate insurance maintained in force by the additional insured named above shall not contribute to the insurance extended by Contractor's insurer(s) under this additional insured provision.

# **Certificate Holder should read:**

City of Dunwoody 41 Perimeter Center East, Suite 250 Dunwoody, GA 30346



# LIADU ITV INOUDANOE

DATE (MM/DD/YYYY)

CER CER	TIFICATE OF LIA	BILLI Y INSURA	INCE					
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 terms and conditions of the policy, c certificate holder in lieu of such endor	certain policies may require an enc	olicy(ies) must be endorsed. If lorsement. A statement on th	SUBROGATION IS WAIVED, s is certificate does not confer	ubject to the rights to the				
PRODUCER		CONTACT NAME:						
		PHONE FAX (A/C, No, Ext): (A/C, No):						
		E-MAIL ADDRESS:						
		INSURER(S) AFFORDING COVERAGE NAIC #						
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		INSURER C :						
		INSURER D : INSURER E :						
		INSURER F :						
COVERAGES CER	RTIFICATE NUMBER:		REVISION NUMBER:					
THIS IS TO CERTIFY THAT THE POLICIE: INDICATED. NOTWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	REQUIREMENT, TERM OR CONDITION ( PERTAIN, THE INSURANCE AFFORD	OF ANY CONTRACT OR OTHER ED BY THE POLICIES DESCRIBE	DOCUMENT WITH RESPECT TO D HEREIN IS SUBJECT TO ALL	WHICH THIS				
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COMMERCIAL GENERAL LIABILITY			DAMAGE TO RENTED PREMISES (Ea occurrence) \$					
CLAIMS-MADE OCCUR	3I 6 . 7		MED EXP (Any one person) \$					
	-		PERSONAL & ADV INJURY \$					
GEN'L AGGREGATE LIMIT APPLIES PER:	-		GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$					
			\$					
AUTOMOBILE LIABILITY			COMBINED SINGLE LIMIT (Ea accident) \$					
ANY AUTO	[]		BODILY INJURY (Per person) \$					
ALL OWNED AUTOS			BODILY INJURY (Per accident) \$					
HIRED AUTOS NON-OWNED AUTOS			PROPERTY DAMAGE \$					
UMBRELLA LIAB			\$					
EXCESS LIAB CLAIMS-MADE			EACH OCCURRENCE \$ AGGREGATE \$					
DED RETENTION \$			AUGREGATE \$					
WORKERS COMPENSATION			WC STATU- OTH- TORY LIMITS ER					
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE			E.L. EACH ACCIDENT \$					
OFFICE/MEMBER EXCLUDED? (Mandatory in NH)			E.L. DISEASE - EA EMPLOYEE \$					
If yes, describe under DESCRIPTION OF OPERATIONS below			E.L. DISEASE - POLICY LIMIT \$					
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	CLES (Attach ACORD 101, Additional Remarks :	Schedule, if more space is required)						
CERTIFICATE HOLDER	·····	CANCELLATION						
SHOULD ANY OF THE ABOVE DE THE EXPIRATION DATE THEE ACCORDANCE WITH THE POLICY		EREOF, NOTICE WILL BE DE						
		AUTHORIZED REPRESENTATIVE						

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