

Independent Instructor for Enrichment or Recreation Class

Rev. 4-12-17

PROPOSAL

Thank you for your interest in offering a class for youth in our community! Please complete a separate form for each **different** class or age group. Classes may be offered one time, several times or as a series. You may want to offer a separate class for younger kids and one for older kids, for example, or a multi-step or skill-building activity could be offered once a week over several weeks. Don't hesitate to ask questions! Email enrichment@kasperkids.org or call 669-500-5437 and leave a message.

INSTRUCTOR	Instructor Full Name: _____
	Business/Organization (if applicable): _____
	Email: _____ Best Phone: _____
	Mailing Address: _____
	Assistant(s) Names (if any): _____
	Instructors and adult assistants over age 18 who will be present need to complete and pass a Background Check at least 3 weeks prior to the class.

DESCRIPTION	Proposed Class Title (<i>make it fun!</i>): _____
	Description of Activity (If possible, include a sample or email a photo to enrichment@kasperkids.org for advertising): _____

CLASS INFORMATION	Preferred Class Date(s) BETWEEN 6/19/17 - 9/1/17 : _____
	<input type="checkbox"/> Single Class <input type="checkbox"/> Series or <input type="checkbox"/> Repeat Same Class <input type="checkbox"/> Dates and Times are Flexible. Talk to me about scheduling.
	Preferred Class Time Start: _____ End: _____
	Preferred Location for Class: <input type="checkbox"/> Library Large Meeting Room <input type="checkbox"/> Small Meeting Room @ Library Annex (up to 12)
	Possible Alternative Locations: <input type="checkbox"/> Event Center w/ Kitchen
	Other: _____
	Min/Max Age Range (Pre-K thru Grade 12): _____ Min. Class Enrollment : _____ Max. Kids: _____
	Supplies provided: _____
Participant needs to supply (items or tools, if any): _____	
Instructor fee for this class: \$ _____ (each class) Would you like to donate your instructor time? Y N	
Supplies fee for this class: \$ _____ (each class) Would you like to donate your supplies? Y N	

Continue on Backside

COMMENTS**TRANSPORTATION**

FIELD TRIPS/TRANSPORTATION: If your class proposal requires participants travel to a destination, please provide the following details. Group transportation may or may not be available.

Destination: _____

Address: _____

Duration of Class/Activity Including Transportation: _____

Do you have assistants (1 adult per 10 children) who can accompany the class (Background Check required)? Y N

CONTRACT INFO

INDEPENDENT CONTRACTOR: As an instructor, you are considered an independent contractor with distinct professional skills and expertise in the area in which you are providing instruction. It is also understood that KASPER does not perform the services that you offer. You are in charge of organizing your curriculum, materials and instruction. KASPER may assist with the coordination of the location, will coordinate enrollment of participants and some advertising, but will not provide equipment or supplies unless donated for that named purpose. While you are an independent contractor, it is intended that the classes offered and the behavior of instructors reflect the Mission and goals of KASPER.

BACKGROUND CHECK: Once your class proposal has been accepted, KASPER requires that all contract instructors and individuals who assist in the supervision of minors be required to pass a complete background check.

W-9: Once your class proposal has been accepted, if any fee is to be paid to you as an independent contractor, KASPER requires instructors to complete a W-9 Form.

***Thank you for offering enrichment and recreation to youth in our community!
Your contribution is appreciated!***

By submitting this proposal, I agree to the description of the class, materials and availability I have indicated if this proposal is accepted. I also understand the contract requirements listed above that will be required. I understand there are no guarantees that this proposal will be accepted and that upon acceptance, KASPER reserves the right to cancel classes and/or work with contractor to reschedule based on enrollment.

Contractor Signature: _____ Date _____

➡ RETURN PROPOSAL FORM to:
KASPER
PO Box 772, Brookings, OR 97415

➡ Email: enrichment@kasperkids.org
➡ In person to your KASPER Board Member contact person

**Return by May 6, 2017 for inclusion in our first printed schedule.
Proposals accepted at anytime through summer with 3 week background check lead.**

A KASPER Board Member will contact you after your proposal is reviewed.

FOR KASPER USE:

Approved _____ On Calendar _____ Location Confirmed _____
Background Check Submitted _____ Completed/Passed _____ Acceptance Notification _____
Participant Fee _____ Expenses _____ Session Attendance _____ Instr. Feedback _____