www.KasperKids.org
enrichment@kasperkids.org
669-500-KIDS (5437)
PO Box 772 • Brookings, OR 97415

SUPPORT OUR KIDS
f @kasper.brookings

K·A·S·P·E·R
Kids' After School Program of Education and Recreation

Independent Instructor for Enrichment or Recreation Class   Rev. 4-20-18

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 hesitiate 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 (*make it fun!*):

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 6/18/18 - 8/31/18**: _____
❏ Single Class   ❏ Series   or   ❏ Repeat Same Class   ❏ Week-long themed "day camp"

Preferred Class Time Start:_____ End:_____   ❏ Dates and Times are Flexible. Let's talk.

Preferred Location for Class: ❏ Library Large Meeting Room   ❏ Small Meeting Room @ Library Annex (up to 12)
Possible Alternative Locations: ❏ 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): _____

Instructer 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 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: ➡ Email: enrichment@kasperkids.org
          KASPER   ➡ In person to your KASPER Board Member contact person
  PO Box 772, Brookings, OR 97415

Return by May 31, 2018 for inclusion in our printed flyer.
Proposals accepted at anytime through summer with 3 week background check lead.

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