



900 East Fairhaven Avenue ❖ Burlington, WA 98233  
Phone (360) 755-9649 ❖ Fax (360) 755-1017 ❖ Recreation@ci.burlington.wa.us

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## NEW INSTRUCTOR INFORMATION FORM

Thank you for your interest in presenting a class through Burlington Parks and Recreation Department. In order to help you put your proposal into a format that we can more easily work with, we ask that you fill out the following questionnaire. If you have copies of your artwork (if proposing a craft class or copies of a handout you may have put together, please attach it).

Other factors which will be considered are:

- Is this class currently being offered in this community? If so, is the demand for this class more than is available or would the addition of another class be in competition with other programs, or is the demand higher than what is being currently provided?
- Is this class consistent with the goals and purposes of the Enrichment Program at Burlington Parks and Recreation?
- Would this class be more appropriately offered by another agency or by a private business?
- Is the targeted audience being adequately served by our agency?
- Does the class seem well thought out and realistic in both goals and scope?
- Quality of instruction.

Once you have completed the questionnaire, you may drop it by our office or mail it back to:

Burlington Parks and Recreation Department  
Attn: Christi Kinney  
900 East Fairhaven Avenue  
Burlington, WA 98233  
or, ChristiK@ci.burlington.wa.us

We will contact you if we have interest in pursuing your class proposal. Please keep in mind that we are always planning programs well in advance of class dates and any proposals that are not considered feasible at the current time will be kept for consideration at a future date.

We would like to thank you for taking the time to share your ideas with us!

# CLASS PROPOSAL QUESTIONNAIRE

Your Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

## CLASS INFORMATION:

What type of class do you want to offer? (Check one)

Craft/Hobby Instruction

Art

Dance

Trip or Tour

Lecture/Informational

Outdoor

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

Name of class you would like to teach: \_\_\_\_\_

Class Description: \_\_\_\_\_

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Ages of Class Participants: \_\_\_\_\_ # of Participants: Min \_\_\_\_\_ Max \_\_\_\_\_

Class Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_ Days of the Week: \_\_\_\_\_

Session Dates: Begin \_\_\_\_\_ End \_\_\_\_\_ # of Weeks \_\_\_\_\_

Anticipated Cost for Participants: \_\_\_\_\_

Please indicate the age group(s) your class is designed for:

Preschool

Youth (Ages 6-12)

Teens (Ages 13-17)

Adults

Families

Special Populations

What are your goals for your participants? \_\_\_\_\_

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What specific skills will participants learn? \_\_\_\_\_

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Are there any material costs involved in offering this class?

Materials	Cost	Materials	Cost
1.		1.	
2.		2.	
3.		3.	
4.		4.	
5.		5.	
		<b>TOTAL COST:</b>	

Do you need:  Indoor Facility  Outdoor Facility  Other

Explain Needs: \_\_\_\_\_

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

Describe your background and expertise level relating to the class you would like to teach:

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

Please list you references that could tell us more about your abilities as an instructor?

NAME DAY PHONE RELATIONSHIP TO YOU

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_

Do you have any other skills or talents that you would like to share with the community through a Parks and Recreation Class?

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

# CONTRACTED INSTRUCTOR CHECK LIST

## RECREATION PROGRAMS HOSTED ON CITY or SCHOOL PROPERTY

Contracted Instructor Requirements:

- Washington State Patrol Check
- License or Certificate of Accreditation or Demonstration of skill
- Signed City of Burlington Professional Services Agreement (contract)
- Applicant Disclosure Form
- Social Security or Tax I.D. number
- Review of Cleanup Requirements

## RECREATION PROGRAMS HOSTED ON PRIVATE PROPERTY

Additional Requirements for Contracted Instructors:

- Equipment Inspection
- Liability Insurance: Instructor must provide a Certificate of Insurance to the City with endorsement which meets the following minimum requirements:
  1. The **City of Burlington at 833 S. Spruce Street, Burlington WA 98233** must be named as an “Additional Insured” on the certificate.
  2. The certificate MUST contain the statement **“Additional Insureds include the City of Burlington, its Elected Officials, Appointed Officers, Employees and Agents”**.
  3. The liability insurance must provide a minimum threshold of \$1,000,000 per occurrence with \$2,000,000 General Aggregate coverage.
- Supervisor inspection of the facility to be utilized

# CONTRACTED INSTRUCTOR REIMBURSEMENT RATES effective January 1, 2010

Fees will be collected by the City of Burlington and distributed for services rendered as per signed contract with instructor or exhibitor. The City will use the following reimbursement schedule for programs or events offered after January 1, 2010.

- Category A**            80% of gross program receipts will be paid to the program instructor, where the program is a bonafide function of a Washington State registered non-profit organization. (Example: YMCA).
  
- Category B**            75% of gross program receipts will be paid to the program instructor, where the instructor is providing instruction as a public need or service. The program does not represent the sole source of income for that instructor.
  
- Category C**            70% of gross program receipts will be paid to the program instructor, where instructor is providing class instruction that represents a vested interest in a portion of their business, which is the main source of their livelihood.
  
- Category D**            Negotiable. For instruction or services involved in Special Events.