

# Leisure Class Proposal Packet



CITY OF SOUTH PASADENA  
RECREATION DIVISION  
815 Mission Street  
South Pasadena, CA 91030  
(626) 403-7380

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All correspondence, including the application and class proposal should be mailed to the following address:

**Attention: Recreation Class Organizer  
Community Services Department  
Orange Grove Recreation Center  
815 Mission Street  
South Pasadena, CA 91030**

For further questions or comments, please call (626) 403-7382 or send an e-mail to [avillalobos@southpasadenaca.gov](mailto:avillalobos@southpasadenaca.gov)

# Class Proposal / Intent to Instruct Form



CITY OF SOUTH PASADENA  
RECREATION DIVISION  
815 Mission Street  
South Pasadena, CA 91030  
(626) 403-7380

NAME	CLASS TITLE
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**CLASS DESCRIPTION**  
Please ensure to include information about skill level.

## CLASS INFORMATION

<b>Number Offered per Session</b>		<b>Length (weeks)</b>	
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<b>Day(s)</b>		<b>Time(s)</b>	
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<b>Age Range</b>		<b>Min. / Max. Participants</b>	/
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<b>Initial Fee</b>		<b>Additional Fees (supplies, etc.)</b>	
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<b>Will you require use of a City facility?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>Do you have insurance?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>Will you purchase insurance through the City?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>Do you have a supply list that can be supplied to students at registration?</b> If yes, please attach.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>Class Description</b> Please provide a description of your class in <b>twenty (20)</b> words or less to be used in our Classes & Programs Guide.	
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**Please attach any additional information that will provide us a clear and complete understanding of your proposed class.**

## AGREEMENT

By signing this agreement, I agree that I will instruct the class that I have mentioned and that it will be advertised through City of South Pasadena publications as such. If any changes are to be made, I take on the responsibility of contacting the correct people to make these changes, while giving a substantial amount of time for them to be made. Understanding that the City of South Pasadena does have timelines to abide by, I will respect those and do my best to stay within them. I understand that if the City of South Pasadena has advertised my class in City of South Pasadena publications, I am legally bound to instruct and hold the classes as previously agreed. If I do not, there will be serious consideration of myself not being an instructor again with the City of South Pasadena. Furthermore, I understand that it is my responsibility to be aware of all important dates such as start and end dates and deadlines to turn any paperwork into the Recreation Division Office.

The City of South Pasadena Volunteer Policy requires that anyone teaching, instructing or caring for minors under 18 years of age must be fingerprinted by the South Pasadena Police Department. Volunteering or instructing may not begin until fingerprints have been cleared by the Department of Justice and the Federal Bureau of Investigation. Notification of clearance will be received by the South Pasadena Police Department.

SIGNATURE

DATE

# Independent Contractor Application



**CITY OF SOUTH PASADENA**  
**RECREATION DIVISION**  
 815 Mission Street  
 South Pasadena, CA 91030  
 (626) 403-7380

**Instructions:** Please type or print using ink. Answer all questions accurately and completely. All statements in your application are subject to verification and any incorrect statements may bar you from becoming an independent contractor with the City of South Pasadena.

## PERSONAL DATA

LAST NAME		FIRST NAME		M.I.
HOME ADDRESS		CITY	STATE	ZIP CODE
HOME PHONE	WORK PHONE	SOCIAL SECURITY NO.		
EMAIL ADDRESS				

## EXPERIENCE

List your experience related to the class(es) you have taught in the past beginning with the most recent unless a résumé is attached. Candidates are encouraged to submit additional information to assist in evaluation of qualifications.

AGENCY		CLASS(ES) TAUGHT	
ADDRESS	START DATE	DESCRIPTION OF CLASSES	
CITY, STATE, ZIP CODE	END DATE		
SUPERVISOR	PHONE	REASON FOR LEAVING	

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ADDRESS	START DATE	DESCRIPTION OF CLASSES	
CITY, STATE, ZIP CODE	END DATE		
SUPERVISOR	PHONE	REASON FOR LEAVING	

## EXPERIENCE

Please describe specific training which would qualify you to teach this class.

Please list certificates or licenses of professional or vocational competence you possess which relate to this class.

**Please attach any additional information as required by this application. You may also attach information which describes in greater detail any aspects of your experience or activities that are pertinent to the class you hope to teach.**

## CERTIFICATE OF APPLICANTS

I certify that all statements made in this application and attachments are true and complete to the best of my knowledge. I authorize the City of South Pasadena to make investigations and inquiries that are limited to the requirements to teach this class. I hereby release employers, schools or persons from any liability in responding to inquiries in connection with my application. I understand that any false or misleading information given in my application will subject me to disqualification. I understand, that if selected, I would not serve as an employee of the City of South Pasadena, but would instead serve as an independent contractor and accept associated responsibilities.

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SIGNATURE

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DATE