The City of Winston-Salem Recreation & Parks Department (WSRP) offers a variety of programming for citizens across the city, providing recreation and leisure opportunities for everyone. WSRP utilizes independent Contract Instructors (CI) to provide specialized recreational services to our community within facilities and parks.

Information

Class Proposal – Prospective instructors who wish to teach with WSRP must complete the Instructor Proposal Form included in the back of the Contract Instructor Handbook and submit any required documents. All instructors are required to submit the following documents for consideration:

- Proposal
- City of Winston-Salem Internship/Volunteer Application
  Human Resources will perform a background check and drug test
- Certifications related to class
- Certificate of Liability - $1 million policy
- City of Winston-Salem must be named as an additional insured by endorsement on their commercial general liability policy
- Certificate Holder - City of Winston-Salem, 101 N. Main Street, Winston-Salem, NC 27101

Deadlines – The review process can take up to eight weeks. The following dates serve as a guideline for proposal submissions:

<table>
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<tr>
<th>SUBMIT</th>
<th>START CLASS</th>
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<tr>
<td>January 15</td>
<td>March 1</td>
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<td>March 15</td>
<td>May 1</td>
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<td>May 15</td>
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Program Fees – Program fees are determined by the Contract Instructor. Fees should take into consideration target population, supplies, and equipment. NO program fees related to the activity should be collected by the instructor that are not submitted to the recreation facility.

Materials – CIs are expected to provide all materials for the classes. The cost of materials are part of the registration fee. Instructors may also provide students with a list of materials required for the class. Other required materials for class will be provided to students prior to first class. CIs are not permitted to use facility materials for class room instruction.

Reporting Income – WSRP does not withhold state or federal income tax. CI’s income will be reported via Form 1099. Instructor will receive a W-9 to complete. Instructors that operate as a corporation or make less than $600 within the calendar year will not receive a Form 1099.

Standard Revenue Split – A standard split of 75/25 will be applied to compensate Contract Instructors unless otherwise negotiated. Contract Instructors will receive 75% of the revenue received from class registration. The remaining 25% is retained by the City of Winston-Salem to cover general operations.

Facilities – WSRP operates facilities with meeting rooms, ballrooms, kitchens, gymnasiums, and conference rooms available to operate programs. All facilities have wireless internet access. Visit www.WePLAY.ws for facility locations and operating hours.
Parks - WSRP maintains over 80 parks with various amenities. Picnic shelters and open space are available to operating programs. A list of parks can be found at www.WePLAY.ws


If holidays above fall on a weekend the City of Winston-Salem will observe either the Friday before or Monday after.

Course Policies

Registration – All participants are required to register and pay at the facility or park hosting the classes. Payments are made to the City of Winston-Salem and not directly to the CI. A roster of participants is provided to instructors at the beginning of class.

Attendance – Instructors are required to keep program attendance and provide numbers to staff at the end of class. A minimum number of participation is expected for programs. Failure to maintain agreed upon minimum numbers could result in cancellation.

Promotion – Instructor will work with WSRP employees to create promotional materials and publications. All promotional material must be approved by Administration prior to distribution. Instructors are encouraged to promote classes through print and social media.

Course Cancellations – It is the responsibility of the CI to immediately contact the WSRP contact if a class is cancelled. Employees will assist with contacting participants regarding cancellations, reschedules, and refunds. Instructors can offer make up classes based on facility or park availability. Classes that do not meet the minimum student enrollment may be cancelled and refunds issued.

Contract Instructor Payment – No payment will be provided to instructors until the completion of programs. If the class is ongoing, request for payments are submitted on the last Friday of the month. Payments are issued within 30 days of completing the course. Direct deposit is required by all CI.
Policies & Procedures

WSRP holds CI accountable for the following policies and procedures:

**Contract Terms** – CIs are required to work within the terms of the executed Independent Contract Agreement. A new contract is required annually with updated Certificate of Liability. CIs will receive a copy of the executed contract for their files.

**Representing WSRP through Professional Conduct** – CIs are an extension of the Recreation and Parks Department. Inappropriate or offensive behavior by or towards CI, participants, guest and employees is not condoned by WSRP. If a CI or guest engages in inappropriate or unsafe manner, they will be asked to leave the premises. Any concerns should be immediately addressed with the Recreation Center Supervisor and documented.

**Personal Business** – CIs are not allowed to sell or provide personal services or items to participants, guest or employees. Reimbursement for costume items or program shirts is permitted with permission from supervisor.

**End of Session/Program** – At the end of session/program instructors are responsible for cleaning the room. This includes picking up trash, cleaning tables, pushing in chairs, arranging tables/chairs as requested by supervisor. All equipment used must be returned or stored in agreed upon location.

**Release of Minors** – At the end of activity minors can only be released to parent, guardian, or an individual authorized by the parent. The CI must stay until all participants have left the building.

**Safety** – The safety of participants is the primary responsibility of the CI during program implementation. If the program area appears unsafe it is the instructor’s duty to notify facility staff immediately.

The instructor is required to follow all safety regulations set forth by the North Carolina Department of Labor.

**First Aid** – First Aid kits are mounted in the office area of every facility and should be located by instructors. Programming in parks requires the CI to provide a basic first aid kit.

For minor injuries first aid items will be made available; for serious injuries call 911. ALL accidents/incidents should be reported to WSRP staff IMMEDIATELY and a report will be filed. A copy of the report will be provided for the parents of minors upon request.

**Reviewing Proposals**

Upon receiving the proposal and required forms, Administration will review the information to determine if it reflects the department’s vision and goals. Contracts can take up to 30 days for approval. CIs are not allowed to begin classes until contracts are approved by WSRP, Risk Management, City Attorney and have been cleared by Human Resources for passing background check and drug test.
Contract Instructors Checklist

STEP 1

☐ Proposal Form
☐ City of Winston-Salem Internship/Volunteer Application
☐ Certifications
☐ Certificate of Liability

STEP 2

☐ Contract
☐ Direct Deposit**

**Due after executed contract and before first payment

STEP 3

☐ Confirm Contract Term

Start Date: ______________

End Dates: ______________

☐ Marketing Materials
Winston-Salem Recreation & Parks
Contract Instructor Proposal Form

Instructor's Name________________________________________

Address__________________________________________________

City________________________ State____________ Zip Code________

Course Title______________________________________________

Phone #1________________________________ Phone #2________

Email____________________________________________________

Course Description ________________________________________

Instructor Certifications*____________________________________

Target Population (check all that apply):
□ Toddler (2 – 4 yrs) □ Pre-School (4 – 6 yrs) □ Elementary Age (7 – 12 yrs)
□ Teens (13 – 17 yrs) □ Adults (18+ ) □ Seniors (55+)
□ Other______________ □ Male □ Female

Desired Day of Week (check all that apply):
□ Monday □ Tuesday □ Wednesday □ Thursday □ Friday □ Saturday

Length of Course (i.e. 4 weeks, 6 weeks, 8 weeks):________________________

Proposed Session Dates (i.e. 5/22 – 7/5):

Desired Time: ______________ □ a.m. □ p.m. to ______________ □ a.m. □ p.m.

Location (recreation center name):

Space Required: □ Gym/Ballroom □ Meeting room □ Kitchen □ Other_____________
□ Outside Location____________________

Course Fee: $________________________ (Standard 75 instructor/25 WSRP split)

Minimum # of Participants________ Maximum # of Participants__________________

Do you have Liability Insurance* (required for all instructors): □ Yes □ No

*Copies required upon submission

OFFICE USE ONLY

Employee Name:________________________________ Date:____________________

Administration:________________________________ Date:____________________

Submitted: □ Background Check □ Certifications □ Liability Insurance

Approved: □ Yes □ No
OUR MISSION
The City of Winston-Salem provides quality, affordable services that ensure the health, safety and well-being of citizens, while collaborating throughout the community to ensure its economic, social and environmental vitality

City Of Winston-Salem
Internship/Volunteer Application
An Equal Opportunity Employer
PLEASE RETURN TO:
Human Resources Dept, City of Winston-Salem
100 E. First St., Suite 131, Winston-Salem, NC 27101

(Interns/Volunteers 18 years & younger must have a parent's signature. Interns/Volunteers must also complete the attached background investigation and Waiver and Release Form.) Please print or type.

Name:

Last

First

Middle Initial

Address:

City: ____________________________ State: _______________ Zip: ____________

Phone (home): ______________________ (cell): ______________________

Email: ____________________________ Birthdate: ______________________

Special talents or skills: __________

What type of schedule would work for you: ________________________________________________________________________________________________

In case of emergency, notify:

Relationship: ____________________________ Phone: ____________________________

Number of Hours Assigned (if applicable): _________ Deadline for completion: ______________________________________________________________________

Please sign below when you have read and understand all statements.
I certify that the statements made in this Internship/Volunteer Application are true, correct, and given voluntarily. In addition, I understand that this information may be disclosed to any party with legal and proper interest.

I understand that the City of Winston-Salem reserves the right to screen interns/volunteers, and the City will not accept as a volunteer anyone who would jeopardize any aspect of service or the safety of City customers and staff.

I understand that if I am unable to report at a scheduled time for any reason, I am to notify my supervisor as soon as possible.

I understand that if I miss my scheduled date and time of service without prior notification, my internship/volunteer opportunity may be terminated by the supervisor.

I understand that I will/will not be paid for my services as an intern/volunteer, and I am/am not giving my time freely to the department/division to which I am assigned.

I will also not abuse any information, materials, or hardware I may use or obtain while interning/volunteering.

Applicant Signature: ____________________________ Date: ____________________________

Parent’s/Guardian’s Signature: ____________________________ Date: ____________________________

(If applicant is under 18)

Supervisor Signature: ____________________________ Date: ____________________________

The City of Winston-Salem prohibits discrimination on the basis of sex, pregnancy, race, color, national origin, sex, religion, national origin, age, sexual orientation or disability unless a bona fide occupational qualification exists.
INTERN/VOLUNTEER WAIVER

THIS INTERN/VOLUNTEER WAIVER (hereinafter, this "Waiver"), entered into this _________ day of ______________ 20 ______, by _________________________________, an Individual (hereinafter “Intern/Volunteer”) who resides at __________

I. Scope of Services.
The Intern/Volunteer shall provide the following services:

II. Volunteer Status.
The Intern/Volunteer shall perform the Services with/without compensation and shall not be considered an employee, agent, or representative of the City of Winston-Salem (hereinafter “City”). The Intern/Volunteer understands and agrees that he is not entitled to employee benefits of any kind, including, but not limited to, unemployment, workers' compensation or retirement benefits.

III. Termination.
The Intern's/Volunteer's services may be terminated at any time by either party.

IV. Successors and Assigns.
The Intern/Volunteer and the Intern's/Volunteer's successors, executors, administrators and legal representatives are hereby bound to the terms of this Waiver.

V. Amendment or Modification.
The Intern's/Volunteer's status as an intern/volunteer cannot be amended or modified except by another written document duly executed by the City and the Intern/Volunteer.

IN WITNESS WHEREOF, the Intern/Volunteer has executed this Waiver on the day and the year first above written.

WITNESS: 

INTERN/VOLUNTEER: ________________________________ (SEAL)

_____________________________ Print Name and Title

_____________________________ Print Name
CITY OF WINSTON-SALEM
ACCOUNTS PAYABLE – TREASURY
ELECTRONIC FUNDS AUTHORIZATION AGREEMENT

VENDOR INFORMATION

<table>
<thead>
<tr>
<th>Vendor Name</th>
<th>Vendor # (office use only)</th>
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<th>Address</th>
<th>City, State, Zip</th>
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<tr>
<th>EFT Contact</th>
<th>Telephone #</th>
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<th>e-mail address (required field)</th>
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Vendor (as indicated above) hereby authorizes the City of Winston-Salem to originate Automated Clearing House electronic funds transfer (EFT) credit entries to Vendor’s account as indicated below, for payments of goods and services. Please provide email address(es), so you can be notified when payment has been processed.

BANK INFORMATION

<table>
<thead>
<tr>
<th>Bank Name</th>
<th>Contact Name</th>
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<tr>
<th>Telephone #</th>
<th>Bank Account Type</th>
<th>Checking</th>
<th>Savings</th>
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<th>Bank Routing Number</th>
<th>Bank Account Number</th>
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Vendor may change any portion of the information provided under “Bank Information” by giving at least 14 days written notice to the City of Winston-Salem, Accounts Payable, Attn: Maricelis Hernandez, PO Box 2511, Winston-Salem, NC 27102.

This authorization shall remain in effect until 14 days after the City of Winston-Salem has received written cancellation from Vendor. Notice of cancellation shall in no way affect EFT entries initiated prior to actual receipt and processing of notice. Vendor understands that the City of Winston-Salem may suspend this agreement at any time.

By signing this Authorization, Vendor in no way relinquishes any legal right to dispute any item.

VENDOR AUTHORIZATION

Authorized Signature __________________________      Authorized Name ___________________  Title _______________  Date __________