



## CITY OF HOMER

### CITY HALL

491 East Pioneer Avenue  
Homer, Alaska 99603-7645

Telephone (907) 235-8121  
Fax (907) 235-3148  
Web Site [ci.homer.ak.us](http://ci.homer.ak.us)

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Thank you for your interest in the City of Homer Community Recreation Program. The City is committed to providing safe and enjoyable year-round educational and recreational programs for children, youth, young adults and adults. This program could not exist without community members like you. The program is partially funded through class fees and the rest of the funding is provided by the City of Homer through tax dollars.

Instructors participating in the program as volunteers or contractors are required to complete applications, background checks and to sign a code of conduct form. Forms should be returned to the Recreation Coordinator, Mike Illg, at the Community Recreation Office. Background checks are completed at the State Trooper Office in Anchor Point. Please call to schedule an appointment as their hours vary. You can contact the State Trooper Office at 907-235-3000. The cost of the background check is \$20.00 and is reimbursable. Please return your receipt to the Mike Illg for re-payment processing.

Contractors/Instructors will need to provide a copy of your business license before the first class. Participants will pay all class fees directly to the instructor. The instructor will then pay the HCR fee before the class ends. Instructors are responsible for supplying all materials for class. Classes will be held at school or city facilities. If classes are held offsite, the instructor will be required to provide proof of insurance for general liability in the amount of \$500,000, add the City as additional insured on their policy and hold the City of Homer harmless.

Volunteers/Instructors are responsible for direct supervision, making sure participants sign registration forms, collect user fees and return all paperwork and fees to the Recreation Coordinator. In exchange for volunteer service, the volunteer will be allowed to participate in the respective activity at no charge.

Thank you for your cooperation and your participation in the Community Recreation Program.

Sincerely,

**CITY OF HOMER**

Personnel Director

## City of Homer Community Recreation

### Application check list:

- Fill out and complete application
- Sign code of conduct form
- Fill out and sign Instructor/Volunteer agreement form
- Correct reference names and contact information
- Completed online concussion training and have copy of completion
- Copy of State back ground check and receipt
- Reviewed and signed all documents as required

Alaska's concussion bill was signed into law by Gov. Sean Parnell on May 27, 2011. (HB 15)

The law requires:

- education of coaches, parents, athletes
- removal from play of any athlete suspected of having sustained a concussion
- requires written authorization from a medical professional before the athlete can return to practice/game

While concussions go beyond high school and school related sports and activities, it would be beneficial for parks and recreation professionals to educate themselves, their employees, instructors, volunteers and participants the dangers and awareness of concussions.

Below is a link that provides a free 20-30 minute course about concussions with a certificate of completion at the end of the class. Please complete and return a copy of certification to the Recreation Coordinator at your earliest convenience.

<http://www.nfhslearn.com/electiveDetail.aspx?courseID=15000>

**City of Homer Community Recreation Program  
Instructor/Volunteer Code of Conduct**

- I. I, \_\_\_\_\_, while acting as an Instructor/Volunteer of Homer Community Recreation (HCR), understand that HCR is dedicated to providing safe and comfortable conditions for the public while they are participating in HCR programs.
- II. I acknowledge and accept the following Code of Conduct and understand that my position as an Instructor/Volunteer could be jeopardized if I do not adhere to these standards. I agree that I will not engage in the following conduct:
1. Discourtesy or abusive language or behavior to students, other Instructors/Volunteers or the Community Recreation Coordinator.
  2. Excessive physical contact during sports programs.
  3. Uncooperative behavior with other Instructors/Volunteers, or the Community Recreation Coordinator.
  4. The negligent or intentional destruction of the building or HCR property.
  5. Violation of any safety rules or endangering the health and safety of any person.
  6. Participating as a HCR instructor/volunteer while under the influence of alcoholic beverages or illegal substances.
- III. I understand and acknowledge that inappropriate conduct will result in possible immediate termination as an Instructor/Volunteer at the discretion of Community Recreation Coordinator and/or the City of Homer.

\_\_\_\_\_  
HCR Instructor/Volunteer Printed Name

\_\_\_\_\_  
HCR Instructor/Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Community Recreation Coordinator Signature

\_\_\_\_\_  
Date

CITY OF HOMER COMMUNITY RECREATION PROGRAM

INSTRUCTOR AGREEMENT

(Contract/Hourly/Volunteer)

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (home) \_\_\_\_\_

\_\_\_\_\_ (work) \_\_\_\_\_

E-Mail: \_\_\_\_\_ (fax) \_\_\_\_\_

Class to Teach: (Name & Brief Description) \_\_\_\_\_

Location of Course: \_\_\_\_\_ Homer High \_\_\_\_\_ Old Middle School

\_\_\_\_\_ Homer Middle \_\_\_\_\_ Boys & Girls Club

\_\_\_\_\_ West Homer \_\_\_\_\_ Off-site-Please specify location \_\_\_\_\_

Class Start Date: \_\_\_\_\_ Class End Date: \_\_\_\_\_ Class Times: \_\_\_\_\_

Age Range for Class (Note any restrictions) \_\_\_\_\_ Youth \_\_\_\_\_ Teen \_\_\_\_\_ Adult

Maximum # of Students Desired: \_\_\_\_\_

Student-supplied Materials: \_\_\_\_\_

Instructor-supplied Materials: \_\_\_\_\_

Would you like to volunteer your time? \_\_\_\_\_ Yes \_\_\_\_\_ No

Homer Community Recreation (HCR) and the aforementioned instructor/volunteer enter into this agreement for the \_\_\_\_\_ Term of HCR classes. Upon completion of the course, the instructor/volunteer with remit a payment of \$ \_\_\_\_\_ per person for the aforementioned class or activity.

Additionally, HCR will:

- 1) Set course fee, schedule, and minimum/maximum participation numbers.
2) Advertise class through media, catalogs and possibly the Internet.
3) Secure facility space and coordinate facility logistics as space is available.
4) Address all safety and security needs according to City of Homer and KPBSD policy.
5) Provide liability insurance for all on-site courses.

HCR expects the instructor/volunteer to:

- 1) Complete course description and indicate target audience.
2) Provide an estimate of material/supply cost prior to signing contract.
3) Contract Instructors are required to purchase material/supplies.
4) Collect registrations and HCR fees and give to recreation coordinator.
5) Inform participants if class is cancelled and/or rescheduled.
6) Be at class 10 minutes before the beginning of each class.
7) Inform HCR Coordinator prior to schedule changes and/or instructor absences and notify class participants.
8) Manage all classroom activities.
9) For off-site classes, provide certificate of general liability insurance for \$500,000, name City of Homer as additional insured and hold harmless.
10) Contract Instructors are required to provide copy of business license.

This agreement can be terminated by either party upon request. Contract Instructors are not eligible for city benefits, including unemployment insurance.

Instructor Signature/Date \_\_\_\_\_

HCR Staff Signature/Date \_\_\_\_\_

Position Applied For:	Date:
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## Volunteer Application



**City of Homer-Personnel Office**  
**491 E. Pioneer Avenue**  
**Homer, AK 99603**  
**Tele: (907)435-310**  
**Fax: (907)235-3148**  
**personnel@cityofhomer-ak.gov**

We appreciate the time you spend completing this application. Please complete all portions of this application. The City, in accordance with state and federal laws, does not discriminate on the basis of age, race, religion, color, sex, national origin, ancestry, mental or physical disability, veteran status, citizenship, or any other protected classification. Those applicants requiring reasonable accommodation to the application and/or interview process should notify the Personnel Office.

(Please Type or Print)

How did you learn about us: Newspaper ___ Job Service ___ Craig's List ___ City Website ___		
Other _____		
<b>Name:</b>	Last _____	First _____ Middle _____
<b>Mailing Address:</b>	Street _____	City _____ State _____ Zip Code _____
<b>Telephone #'s:</b>	Home _____	Cell _____
<b>E-Mail Address:</b> _____		
Have you previously filed an application?	Yes (Date) _____	No _____
Have you ever been employed with the City?	Yes (Date) _____	No _____
Are you prevented from lawfully becoming employed in this country because of VISA or Immigration Status? (Proof of citizenship or immigration status will be required upon employment)	Yes _____	No _____
On what date would you be available for work?	Date: _____	
Can you travel if the job requires it?	Yes _____	No _____
Have you been convicted of a felony within the last 7 years? (Conviction will not necessarily disqualify an applicant from employment)	Yes _____	No _____
If yes please explain:	_____	
Are you 18 years of age or older?	Yes _____	No _____

## Education

Name of High School Years Completed Diploma	
Name of College Course of Study Years Completed Degree	
Name of College Course of Study Years Completed Degree	
Other-	
Describe any specialized training, apprenticeship, skills and extra-curricular activities.	
Describe any job-related training received in the United States military.	
List any professional, trade, business or civic activities and offices held. (You may exclude membership that would reveal gender, race, national origin, age, ancestry, disability or other protected status.	

## Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, disabilities or other protected status. Attach additional pages if necessary.

Employer: \_\_\_\_\_ Permission to contact? Y/N

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Job Title: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Employed: From: \_\_\_\_\_ To: \_\_\_\_\_ Final rate of pay: \_\_\_\_\_

Duties: \_\_\_\_\_

Employer: \_\_\_\_\_ Permission to contact? Y/N

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Job Title: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Employed: From: \_\_\_\_\_ To: \_\_\_\_\_ Final rate of pay: \_\_\_\_\_

Duties: \_\_\_\_\_

Employer: \_\_\_\_\_ Permission to contact? Y/N

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Job Title: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Employed: From: \_\_\_\_\_ To: \_\_\_\_\_ Final rate of pay: \_\_\_\_\_

Duties: \_\_\_\_\_

Employer: \_\_\_\_\_ Permission to contact? Y/N

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Job Title: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Employed: From: \_\_\_\_\_ To: \_\_\_\_\_ Final rate of pay: \_\_\_\_\_

Duties: \_\_\_\_\_

Employer: \_\_\_\_\_ Permission to contact? Y/N

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Job Title: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Employed: From: \_\_\_\_\_ To: \_\_\_\_\_ Final rate of pay: \_\_\_\_\_

Duties: \_\_\_\_\_

## Additional Information

Knowledge and Specialized Skills:

What type of computers and software have you used?

What type of heavy equipment have you used?

Other qualifications specific to this position?

List any certifications you have received:

List any family members employed by the City, family members means the spouse of the employee; a life partner or person cohabitating with the employee; a child, including stepchild and/or an adopted child of the employee; a parent, step-parent, sibling, or grandparent of the employee or a parent or sibling of the employees' spouse.

State any additional information you feel may be helpful to us in considering your application

## Professional References

Name:

Address:

Telephone:

Relationship:

Name:

Address:

Telephone:

Relationship:

Name:

Address:

Telephone:

Relationship:

**Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE READ THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**

Are you capable of performing in a reasonable manner, with or without reasonable accommodation, the activities described in the job description for which you have applied?

Circle One: YES NO

**APPLICANT'S STATEMENT**

I certify the information provided in my application and resume (if attached) is true and complete to the best of my knowledge.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the City of Homer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

This application for employment shall be considered active for a period of time not to exceed one year. If the applicant is not selected for this position they must submit a new application for consideration for other positions that may be advertised.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and the federal immigration laws require me to complete an I-9 Form in this regard.

The City of Homer does not tolerate unlawful discrimination in its employment practices. No questions on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status under applicable federal, state, or local law. The City of Homer likewise does not tolerate harassment based on sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status. Examples of prohibited harassment include, but are not limited to, unwelcome physical contact, offensive gestures, unwelcome comments, jokes, epithets, threats, insults, name-calling, negative stereotyping, possession or display of derogatory pictures or other graphic materials, and any other words or conduct that demean, stigmatize, intimidate, or single out a person because of his/her membership in a protected category. Harassment of our employees is strictly prohibited whether it is committed by a manager, coworker, subordinate, or non-employee (such as a vendor or customer). The city of Homer takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.

In the event of employment, I understand that false or misleading information given in my application, resume (if attached) or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the City of Homer.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.** I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement. Please type your name below to confirm that you have read and accept this Applicant Statement.

Applicant Name: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Please *sign* or *type* your name as your electronic signature