



## City of Homer Community Recreation

600 E. Fairview Avenue  
Homer, Alaska 99603

Telephone (907) 235-6090

[www.cityofhomer-ak.gov/recreation](http://www.cityofhomer-ak.gov/recreation)  
[www.facebook.com/homerparksandrec/](http://www.facebook.com/homerparksandrec/)

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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 people of all ages. This program could not exist without community members like you who are willing to be a part of this dynamic and rewarding program! The program is primarily funded through local tax dollars and is additionally supplemented by the collected participation and sponsorship fees to offset the operational expenses.

All volunteers, contracted instructors and hourly employees affiliated with the program are required to complete this entire application including: code of conduct form, instructor/volunteer agreement form, online concussion training, State of Alaska background check (for the City), an annual online background check for the Kenai Peninsula Borough School district (for activities on school grounds only) and business licenses for contracted instructors. The cost for State background check is \$20 and we will reimburse this expense for volunteers only. This will need to be mailed and sent back to yourself and then submitted to the Recreation manager with completed application. The school district background check is free and is completed online only. The information, application and links are provided in this packet.

Contracted instructors should provide a copy of your business license along with the application. All participants will pay all class fees directly to the contracted instructor. The instructor will then pay the CR fees when the class ends. Instructors are responsible for supplying all materials for class/program. Classes/programs are usually held at local school or city facilities within the city limits. If classes are held offsite, the instructor is required to provide proof of insurance for general liability coverage in the amount of \$500,000, must add the City of Homer as "additional insured" onto their policy and must document that the City of Homer will be held harmless.

Volunteers/instructors are responsible for direct supervision, ensuring all participants sign registration/release forms prior to participation, collect fees and return all paperwork and fees to the Recreation Manager. In exchange for volunteer service, Community Recreation volunteers will be allowed to participate in the respective activity and other drop in programs with no charge.

Thanks you for your cooperation and participation in the Homer Community Recreation Program!

Sincerely,

Mike Illg  
Recreation Manager  
City of Homer  
[millg@ci.homer.ak.us](mailto:millg@ci.homer.ak.us)  
907-235-6090 or 907-399-6090

## 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
- ✓ Complete School District background check (programs at school facilities only)
- ✓ Reviewed and signed all documents as required
- ✓ Provide a copy of Business License and facility insurance information if you are a contracted instructor.

Personnel Use Only Date Received: \_\_\_\_\_

Position Applied For:	Date:
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## Volunteer or Instructor Application



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

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:	

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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





# City of Homer

## Equal Employment Opportunity Voluntary Information

The information requested on this page is being gathered by the Personnel Department for the City of Homer's Affirmative Action Program and to fulfill federal Equal Employment Opportunity reporting requirements. Your response is strictly voluntary, but we urge you to complete all items. This page is detached from your application before the application is forwarded to the hiring department.

Date:

Position Applied For:

Last Name:

First Name:

Middle:

Birth Date:

Sex:            Male            Female

### Race and Ethnic Information

√	Race/Ethnic	Definition
	Alaska Native	Any person having origins in any of the original peoples of Alaska and who maintains cultural identification through tribal affiliation or community recognition. Alaska native may include, for example, any person of Yup'ik, Inupiat, Aleut, Athabascan, Tlingit, Haida or Tsimshian origin.
	American Indian	Any person having origins in any of the original peoples of North America (not including Alaska) and who maintains cultural identification through tribal affiliation or community recognition.
	Asian or Pacific Islander	Any person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.
	Black	Any person having origins in any of the Black racial groups of Africa (not of Hispanic origin).
	Hispanic	Any person of Mexico, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
	White	Any person having origins of any of the original people of Europe, North Africa or the Middle East (not of Hispanic origin).

## Concussion Certificate Information

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.

<https://nfhslearn.com/courses/61064/concussion-in-sports>

PRINT OFF COMPLETED CERTIFICATE AND ATTACH TO APPLICATION PACKET.

\*The City of Homer Community Recreation program requires all employees, volunteers and contracted instructors to complete this concussion training and submit a copy of completion to the Recreation Coordinator.

**CITY OF HOMER COMMUNITY RECREATION PROGRAM**

***INSTRUCTOR AGREEMENT***

**(Contract/Hourly/Volunteer)**

Name: \_\_\_\_\_ Social Security #: (contracted instructor only) \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: (home) \_\_\_\_\_  
\_\_\_\_\_ (work) \_\_\_\_\_  
E-Mail: \_\_\_\_\_ (fax) \_\_\_\_\_

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

Location of Course:    \_\_\_ Homer High       \_\_\_ Paul Banks Elementary  
                          \_\_\_ Homer Middle    \_\_\_ HERC (Old Middle School)  
                          \_\_\_ 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 will 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/program through website, catalogs and social media as time and resources allow.
- 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 manager.
- 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 manager 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

**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 Manager.
  2. Excessive physical contact during sports programs.
  3. Uncooperative behavior with other Instructors/Volunteers, or the Community Recreation Manager.
  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 Manager and/or the City of Homer.

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Community Recreation Manager Signature

\_\_\_\_\_  
Date

# Background Checks

## School District

The Kenai Peninsula Borough School District requires all City of Homer Community Recreation staff, contracted instructors, volunteers and affiliates to complete an annual background check through their system for all programs within their facilities and fields. This is not required for activities at the city's owned HERC facility.

Website: <http://www.kpbsd.k12.ak.us/employment.aspx?id=19556>

You must create an account under their "VOLUNTEER" Application and be sure to click on all of the locations that you intend to work on behalf of the Community Recreation program. Typically this would include Homer High, Homer Middle West Homer and Paul Banks. If you have already have a current background check through e school district please inform the recreation manager to verify. **This must be completed every year** and the school district year is July to June. There is no fee.

## City of Homer

Please note: this is separate and in addition to the City's required State of Alaska background check. This background application on the next page must be printed, completed and mailed to the State of Alaska Department of Public Safety (address on top of background application).

Please check box that states:

*"2. Criminal Justice Information available to **ANY PERSON for ANY PURPOSE**"*

This requires a check or money order for \$20 to the State of Alaska and the city will reimburse this expense for volunteers only.

Use your own return address and submit with the entire completed application packet.

**STATE OF ALASKA  
DEPARTMENT OF PUBLIC SAFETY  
REQUEST FOR CRIMINAL JUSTICE INFORMATION  
From the Alaska Criminal History Record Repository**

*Original forms must be submitted to:*

Criminal Records and Identification Bureau

5700 E. Tudor Road, Anchorage, AK 99507

Telephone: (907) 269-5767 Fax: (907) 269-5091

Include fee: \$20 single copy, \$5 each additional copy

Check or money order must be made payable to 'State of Alaska'

**Type of information being requested (from the record subject): (Choose ONE)**

1. Criminal Justice Information available **only to the SUBJECT**
- This report includes all criminal charges and dispositions, including any sealed record.
  - If the record subject has a sealed record this box **MUST** be checked
2. Criminal Justice Information available to **ANY PERSON for ANY PURPOSE**
- This report includes current/open criminal charges and charges that resulted in conviction, excluding sealed records.
3. Criminal Justice Information available to an **INTERESTED PERSON**
- This report includes all criminal charges and dispositions, excluding sealed records

*A check or money order payable to the State of Alaska in the amount of \$20 **must** accompany this request. Additional copies, if requested at the time of this request, may be obtained for an additional \$5 per copy. State agencies with a Reimbursable Services Agreement (RSA) in place may fax the appropriate forms. All other requests must be submitted via U.S. Postal Service or in person.*

**Subject Name:** \_\_\_\_\_

Maiden/Alias name(s): \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Alaska Drivers License #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: -Male Female Soc Sec No. \_\_\_\_\_

Telephone: \_\_\_\_\_ Msg: \_\_\_\_\_

**MAILING ADDRESS TO SEND REPORT:**

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

Title: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

If you would like the record faxed to you, provide a Fax Number: \_\_\_\_\_

**Unsworn Falsification Statement (Your request will not be processed if you do not sign this statement.)**

**I certify under penalty of unsworn falsification (AS 11.56.210) that the information I am supplying on and with this form is true and correct.**

\_\_\_\_\_  
**Record Subject's Signature**

\_\_\_\_\_  
**Date**

<b>Criminal Records and Identification Bureau Use Only</b>	
<input type="checkbox"/> Fee Payment Type _____	<input type="checkbox"/> Report Sent to Subject _____
<input type="checkbox"/> Fee Waiver/Authorization _____	<input type="checkbox"/> Report Sent to Requester _____
<input type="checkbox"/> OCA Number _____	<input type="checkbox"/> R&I Staff initials _____

Authority:

AS 11.56.210 - Unsworn Falsification

AS 12.62.160 – Release and Use of Criminal Justice Information; fees

AS 12.62.900 – Definitions

13 AAC 68 Article 4 – Dissemination of Criminal Justice Information

13 AAC 68.905 – Definitions

DPS Form 11/15/03

Revised 2/24/04

Revised 4/20/04

Revised 11/15/04

Revised 1/13/05

Revised 6/13/05