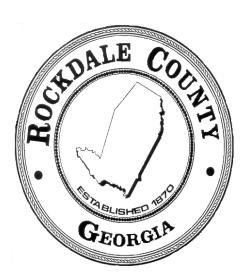
ROCKDALE COUNTY, GEORGIA

OPEN APPLICATION PROCESS FOR

QUALIFIED INSTRUCTORS TO TEACH RECREATION CLASSES

For the Rockdale County Parks and Recreation Department



ROCKDALE COUNTY FINANCE DEPARTMENT
PROCUREMENT OFFICE
958 Milstead Avenue
CONYERS, GA 30012
770-278-7552



Rockdale County – Parks and Recreation Department

RECREATION INSTRUCTOR APPLICATION

INSTRUCTIONS: Print or type name exactly as it appears on your driver's license (must be 18 years of age or older to apply).

		Applicant'	s Informa	TION				
Applicant's Name (Last, First, M.I.)			Last four digits of Social Security No. Driver's License Number					
Street Address			County of	Residence	Date of Birth	Sex/Race		
City	State	ZIP	Occupatio	n				
Home Telephone ()	Cell Telephone ()		E-Mail					
Business / Organization (if applica	ble)		Business (Telephone)	Business Mobile	e / Cell Telephone		
Business Address			County of	Operation	<u> </u>			
City	State	ZIP	Website L	IRL (if applicable)				
Are you currently certified and addi	ng another progra	am to your certifi	cation? If	yes, instructor number:				
I'm applying for certification in	Nutrition	☐ Art ☐ S	wimming	☐ Kickboxing / Karate	☐ Yoga	☐ Other		
Do you have any disabilities (this information is voluntary and will be used for statistical purpose only) 🔲 YES 👚 NO								
								
Provide teaching and/or special trai	ning experience.	(attach copies o	t certificate	s) 				
Give two references who may have	knowledge of yo	ur qualifications.						
1								
2.								
Give a brief explanation of your interest to become a Recreation Instructor.								
Have you ever been convicted? of a Misdemeanor (including moving violation)								
Program Schedule (<i>indicate if this p</i>	orogram would be	for) 🗌 January	/ -April	☐ May-August ☐Se	ptember - Decem	ıber		
Program Title 								
Detailed Program Description								
Learning Outcomes (What are the class benefits? What will participants learn?)								

Creative Description of t	he Program <i>(This</i>	could appear on a	departmen	tal brochure)
Target Audience	☐ Teens	☐ Family	☐ Seni	ors
Program Length <i>(specif</i>)	number of days o	r weeks)		
Program Frequency <i>(sp</i>	ecify frequency, i.e	.: once a week, tw	vice a week,	ect.)
Program Time Preferend	ce Morning	Afternoon	☐ Ever	ning
Program Day Preference ☐ Mond			Thursday	☐ Friday ☐ Saturday ☐ Sunday
Minimum number of par	ticipants per class			Maximum number of participants per class
Type of Venue preferred	I (community center	er, park, etc.)		
Estimated Supplies Fee	(per person or ove	erall cost)		
	n has been fa			ie. I understand certification can be denied by Rockdale authorize Rockdale County to conduct a background
Signature of Applica	nt			Date

INTRODUCTION:

Rockdale County is currently accepting applications to be placed on a list of **Qualified Instructors to Teach Recreation Classes for the Rockdale County Parks & Recreation Department.** Instructions for preparation and submission of qualifications are contained in this packet. Applications must be typed or printed in ink.

Rockdale County provides equal opportunity for all persons or businesses and does not discriminate against any person or business because of race, color, religion, sex, national origin, and handicap or veterans' status. This policy ensures all segments of the business community have access to supplying the goods and services needed by Rockdale County.

Applications will be received via email to Adrienne Brown at Adrienne.m.brown@rockdalecountyga.gov.

PURCHASING CONTACT FOR THIS REQUEST:

All questions are to be addressed to the Buyer at the following email address:

Rockdale County Finance Department Attn: Adrienne Brown Phone: (770) 278-7557

E-mail: Adrienne.m.brown@rockdalecountyga.gov

TERM:

The application process is open all year and applications may be submitted at any time during the calendar year.

REQUEST FOR QUALIFICATIONS

For Qualified Instructors to teach for the Rockdale County Parks & Recreation Department

Information / Scope of Work:

Rockdale County is seeking positive, enthusiastic, and motivational instructors to qualify for a list of approved instructors to teach classes in our Recreation Program. Classes needed are Yoga, Sports Camps, Triathlon Training, Swim Team, Therapeutic Swimming, Private Swim Lessons, Aqua Zumba, Zumba, Zumba Gold, Zumba SenTao, Pilates, Tai Chi, Kung Fu, Karate, Kickboxing, Boot Camp, Art Classes, Line Dancing, Dance Classes, Drama Classes, Youth Academic Tutorial Services and Nutrition Classes. Instructors should have at least two years of teaching in a recreation environment and must provide a description and summary of class content. Instructors also must be able to engage in the same exercises they ask of clients. Instructors will have to pass a background check and drug screen prior to being placed on the qualified instructors list. As classes become available, qualified instructors will be auditioned before being approved to teach classes and being placed on the schedule. Rockdale County sets the class schedules and locations.

Program Proposals:

We welcome any program idea that reflects the needs and wants of the residents of Rockdale County. All potential program instructors must complete and submit a program proposal as well as copies of related certifications including CPR/First Aid and a resume to be considered. We are interested in programs that focus on eight categories including:

- Arts
- Music
- Educational
- Sports & Fitness
- Seniors
- Teens
- Family
- Environmental

Qualified Instructors are needed for (but not limited to) the following classes:

- Yoga,
- Sports Camps,
- Triathlon Training,
- Swim Team,
- Therapeutic Swimming,
- Private Swim Lessons,
- Aqua Zumba,
- Zumba.
- Zumba Gold,
- Zumba SenTao,
- Pilates,
- Tai Chi,
- Kung Fu,
- Karate.
- Kickboxing,
- Boot Camp,
- Art Classes,
- Line Dancing,
- Dance Classes,
- Drama Classes,
- Youth Academic Tutorial Services.
- and Nutrition Classes.

REQUEST FOR QUALIFICATIONS Continued

Instructors must submit the following documents:

- Background Check Form
- · Resume' with references
- · Certification in relation to class that they will be teaching, if required
- A copy of current CPR/First Aid certificates
- Verification of experience (Instructor must have at least 2 years of experience, teaching in a recreation environment)
- Description and summary of class content (Flyers and photos may be included)
- New Vendor Packet & W-9 Tax Form (if new vendor / not a current Rockdale County vendor)

Instructor Qualifications:

- Experience working with the target market for the specific program.
- A strong commitment to recreation development of Rockdale County.
- Commitment and continued availability to your program.
- High level of expertise and above average people skills.
- Proven ability to work with people from diverse ethnic, socioeconomic, educational, religious, and generational backgrounds.
- Instructor must be able to engage in the same exercise they ask of clients.
- College education in exercise, nutrition or wellness preferred.
- Upon approval, a class audition will be required prior to class being placed on schedule.

Other Qualifications:

- College education in exercise, nutrition or wellness is preferred.
- Instructor must be positive, enthusiastic, and able to motivate clients.
- Audition of class will be required before being approved to teach classes.
- A background check will be required and performed by the County prior to being placed on the approved list.
- A Drug screening test will be required for each applicant being placed on the approved instructors list only.
 (Note: this test will be at the instructors' expense).
 The County will notify each instructor if / when they are to have a drug screen performed. Drug screenings will be performed at the following location: TBD.

Affidavit Verifying Status for County Public Benefit Application

ĹV.	th, as an applicant for the award of a contract was ame of natural person applying on behalf of in	ndividual business corneration
partnership, or other private entity]	am stating the following as required by O.C.G.	A. Section 50-36-1:
1) I am a United States	citizen	
OR		
, U 1	ent resident 18 years of age or older or I am an Immigration and Nationality Act 18 years of ag	*
	under oath, I understand that any person who lent or representation in an affidavit shall be guisorgia.	
	Signature of Applicant:	Date
	Printed Name:	
	* Alien Registration number for non-citizens	
SUBSCRIBED AND SWORN BEFORE ME ON THIS THE DAY OF, 20	<u>_</u> .	
Notary Public My commission Expires:	_	
their registration number. Because legal per	hat aliens under the federal Immigration and Nationality armanent residents are included in the federal definition of . Qualified aliens that do not have an alien registration r	"alien", legal permanent residents must