



CITY OF PHOENIX  
PARKS AND RECREATION DEPARTMENT

RECREATION SERVICES  
APPLICATION  
INDIVIDUAL

FOR OFFICE USE ONLY	
Program Coordinator: _____	Phone #: _____
Division: _____	Assignment: _____
Start Date: _____	ActiveNet Barcode # _____
Fingerprint appointment confirmed by instructor	
Date: _____	Status: _____
Sterling email sent to instructor	
Date Submitted: _____	Status: _____
Fingerprint Clearance Card	
Date Submitted: _____	Status: _____

Instructors are **IMPORTANT** to the success of programs and to the City of Phoenix. Please complete this application and submit it to any parks and recreation office or center. Due to the nature of many of the Department's programs (i.e., working with youths), the Department makes significant efforts to screen instructors for the safety of the participants. Instructors will require a formal background check.

**INSTRUCTIONS: Please print. Fill in all spaces. Be accurate and complete.**

LAST NAME		FIRST NAME		MIDDLE NAME
ADDRESS:		APT. #:	CITY:	ZIP:
HOME PHONE:	WORK PHONE:		EMERGENCY CONTACT/PHONE	
E-MAIL ADDRESS:				

Have you ever been found guilty of, pled guilty to, pled no contest to, been convicted of, paid a fine for, served probation for, or served any type of sentence for any crime or offense (whether misdemeanor or felony), including any offenses which may have been vacated or expunged? Include any convictions by military trial and any criminal charges for which you are awaiting trial. You are not required to include any minor traffic violations or juvenile offenses. NOTE: DUI and Reckless Driving are not minor violations and must be disclosed. \*

Yes \_\_\_\_\_ No \_\_\_\_\_. If YES, give details (dates, charges, dispositions, sentence received, etc.)

\* Answering yes to the above question does not automatically exclude you from consideration. Relevance of the information to the assignment will be considered. However, failure to completely disclose all information may prevent.

your selection or result in termination of your services. Any service will be contingent upon satisfactory background check, including submittal of your fingerprints to appropriate law enforcement agencies for verification.

**I certify that all information contained herein is true to the best of my knowledge. I consent to having a background history check, which may include fingerprinting. I understand that all omissions or misstatements may result in termination of my services. I will keep the Parks and Recreation Department advised of changes in my address and/or phone numbers or status.**

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

To request a reasonable accommodation or this publication in an alternative format call (602) 262-6862 (voice) or (602) 262-6713 (TTY) (602) 534-3787 (FAX). E-mail: Receptionist.PKS@phoenix.gov. The City of Phoenix prohibits discrimination on the basis of race, ethnicity, national origin, sex, religion, age, sexual orientation, or disability in its services, programs, and activities. Anyone who believes he or she has been discriminated against may file a complaint with the City of Phoenix Equal Opportunity Department. Rev. 12-19-23

**INSTRUCTIONS:** Clearly identify all classes, programs and miscellaneous services for consideration. You may offer additional classes, programs and/or miscellaneous services for consideration. This list of programs and activities is not all-inclusive.

**Category 1 – Sports**

<input type="checkbox"/> Archery	<input type="checkbox"/> Baseball	<input type="checkbox"/> Basketball	<input type="checkbox"/> Rugby
<input type="checkbox"/> Fencing	<input type="checkbox"/> Flag Football	<input type="checkbox"/> Golf	<input type="checkbox"/> Gymnastics
<input type="checkbox"/> Hockey	<input type="checkbox"/> Karate	<input type="checkbox"/> Officiating	<input type="checkbox"/> Pickleball
<input type="checkbox"/> Pom and Cheer	<input type="checkbox"/> Scorekeeper	<input type="checkbox"/> Soccer	<input type="checkbox"/> Softball
<input type="checkbox"/> Swimming	<input type="checkbox"/> T-Ball	<input type="checkbox"/> Tennis	<input type="checkbox"/> Tumbling
<input type="checkbox"/> Lacrosse	<input type="checkbox"/> Volleyball	<input type="checkbox"/> Preschool Sports	<input type="checkbox"/> Cross-Fit

**Category II – Dance**

<input type="checkbox"/> Ballet	<input type="checkbox"/> Belly Dancing	<input type="checkbox"/> Cloggin	<input type="checkbox"/> Folklorico	<input type="checkbox"/> Hip Hop	<input type="checkbox"/> Jazz
<input type="checkbox"/> Salsa	<input type="checkbox"/> Line Dance	<input type="checkbox"/> Tap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Category III – Health and Fitness Activity**

<input type="checkbox"/> Aerobics	<input type="checkbox"/> Aromatherapy	<input type="checkbox"/> Group Fitness	<input type="checkbox"/> Tai Chi Chaun	<input type="checkbox"/> Jujitsu
<input type="checkbox"/> Pilates	<input type="checkbox"/> Reflexology	<input type="checkbox"/> Stretch/Flexing	<input type="checkbox"/> Taekwondo	<input type="checkbox"/> Tai Chi
<input type="checkbox"/> Yoga	<input type="checkbox"/> Water	<input type="checkbox"/> Zumba	<input type="checkbox"/>	<input type="checkbox"/>

**Category IV – Performing Arts and Music Instruction**

<input type="checkbox"/> Acting/Theat	<input type="checkbox"/> Drumming	<input type="checkbox"/> Guitar	<input type="checkbox"/> Keyboarding	<input type="checkbox"/> Piano
<input type="checkbox"/> Poetry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Category V – Arts and Crafts, Science and Language Instruction**

<input type="checkbox"/> Archaeology	<input type="checkbox"/> Art	<input type="checkbox"/> Beading	<input type="checkbox"/> Ceramics
<input type="checkbox"/> Crafts	<input type="checkbox"/> Drawing	<input type="checkbox"/> English, as 2 <sup>nd</sup> language	<input type="checkbox"/> Genealogy
<input type="checkbox"/> Jewelry Making	<input type="checkbox"/> Painting	<input type="checkbox"/> Photography	<input type="checkbox"/> Sewing
<input type="checkbox"/> Spanish	<input type="checkbox"/> English	<input type="checkbox"/> Mandarin	<input type="checkbox"/>

**Category VI – Instruction Community Education**

<input type="checkbox"/> Financial Education	<input type="checkbox"/> Resume Writing	<input type="checkbox"/> Toddler
<input type="checkbox"/> Writing Skills Instruction	<input type="checkbox"/> Reading	<input type="checkbox"/> Early Learner
<input type="checkbox"/> Test Prep	<input type="checkbox"/> Writer Workshop	<input type="checkbox"/>

**Category VII – Home and Garden**

<input type="checkbox"/> Gardening	<input type="checkbox"/> Composting	<input type="checkbox"/> Plant Selection	<input type="checkbox"/> Irrigation & Controller
<input type="checkbox"/> Right Tree, Right Place	<input type="checkbox"/> Outdoor Discovery	<input type="checkbox"/> Dog Obedience Training	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Category VIII – Technology & Miscellaneous Services (anything not listed above)**

<input type="checkbox"/> Computer Programming	<input type="checkbox"/> Gaming	<input type="checkbox"/> Stem	<input type="checkbox"/> Robotics	<input type="checkbox"/> Video Editing
<input type="checkbox"/> Photo Editing	<input type="checkbox"/> Coding	<input type="checkbox"/> Game Design	<input type="checkbox"/> Mobile App Development	<input type="checkbox"/> Roblox Development
<input type="checkbox"/> First Aid CPR	<input type="checkbox"/> Babysitting Certification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Category VIII – Miscellaneous Services (anything not listed above)**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Location Preferences**

<input type="checkbox"/> Bret Tarver Learning Center	<input type="checkbox"/> Cesar Chavez Community Center	<input type="checkbox"/> Deer Valley Community Center
<input type="checkbox"/> Desert West Community Center	<input type="checkbox"/> Devonshire Center	<input type="checkbox"/> Eastlake Community Center
<input type="checkbox"/> Faye Fray Recreation Center	<input type="checkbox"/> Goelet A.C. Beuf Community Center	<input type="checkbox"/> Harmon Recreation Center
<input type="checkbox"/> Hayden Neighborhood Recreation Center	<input type="checkbox"/> Holiday Park Recreation Center	<input type="checkbox"/> Longview Neighborhood Recreation Center
<input type="checkbox"/> Marc Atkinson Recreation Center	<input type="checkbox"/> Maryvale Community Center	<input type="checkbox"/> Mountain View Community Center
<input type="checkbox"/> Muriel Smith Recreation Center	<input type="checkbox"/> Paradise Valley Community Center	<input type="checkbox"/> Pecos Community Center
<input type="checkbox"/> Playa Margarita Recreation Center	<input type="checkbox"/> South Mountain Community Center	<input type="checkbox"/> South Phoenix Youth Center
<input type="checkbox"/> Sunnyslope Community Center	<input type="checkbox"/> Sunnyslope Youth Center	<input type="checkbox"/> University Park Recreation Center
<input type="checkbox"/> Verde Park Recreation Center	<input type="checkbox"/> Vernell Coleman Recreation Center	<input type="checkbox"/> Washington Activity Center
<input type="checkbox"/>		

Company Name:	Address:
Printed Name:	Signature:
	Date:

**PARKS AND RECREATION CONTRACTOR INFORMATION AND  
EMPLOYEES/ADDITIONAL INSTRUCTORS/PERFORMERS**

**INSTRUCTIONS:** Clearly identify all your information and employees/additional instructors/performers who will be assisting on this contract.

Name and/or Business Name:
Type of Business:
Owner(s) Name:
Address:
Contact Number(s):
Email:

**Print list of Employees/Additional Instructors/Performers who will be assisting on this contract (Duplicate this page if you have more than four Employees/Additional Instructors/Performers who will be assisting on this contract):**

<b>Legal Name:</b>			
<b>Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Phone:</b>	<b>Email:</b>		

<b>Legal Name:</b>			
<b>Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Phone:</b>	<b>Email:</b>		

<b>Legal Name:</b>			
<b>Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Phone:</b>	<b>Email:</b>		

<b>Legal Name:</b>			
<b>Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Phone:</b>	<b>Email:</b>		

## ATTACHMENT D

### LIST OF ACTIVITIES REQUIRING INSURANCE

Activities in which insurance is waived	Activities where insurance is required
Category I – Sports Management & Instruction	Category III – Health & Fitness Instructors*
Category II – Dance Instruction	Category IV – Performing Arts & Music Instruction*
Category VI – Instruction Community Education	Category V – Arts & Crafts, Science & Language Instruction*
Category VIII – Miscellaneous Services	

\*Those individual classes marked with an asterisk (\*) on the attached list will require Commercial General Liability insurance. Please consult with the respective department(s) if you have questions whether insurance will be required or waived for your specific contract.

<b>CATEGORIES</b>
<b>Category I - Sports Management &amp; Instruction</b>
Archery
Baseball
Basketball
Coach Pitch
Fencing
Flag Football
Gymnastics
Hockey
Karate
Pom and Cheer
Scorekeeper
Soccer
Softball
Sports League Manager
Sports Officiating
T-ball
Tennis
Tumbling
Volleyball
Water Exercise
<b>Category II - Dance Instruction</b>
Ballet
Ballroom

## ATTACHMENT D

### LIST OF ACTIVITIES REQUIRING INSURANCE

Belly Dancing
Breakdancing
Chinese Cultural Dance
Clogging
Folklorico
Hip Hop
Jazz
Line Dance
Salsa
Swing Dance
Tap
<b>Category III - Health &amp; Fitness Instructors</b>
Aerobics*
Aromatherapy
Boot Camp*
Cardio/Circuit*
Chair Exercise*
Group Fitness*
Jujitsu*
Meditation
Natural Health Instruction
Nutrition/Wellness
Pilates*
Qigong*
Stretch/Flexing
Reflexology*
Self-Improvement
Taekwondo*
Tai Chi*
Weight Loss
Weight Training*
Yoga*
Zumba*
<b>Category IV - Performing Arts &amp; Music Instruction</b>
Acting/Theatre
Brass Instruments
Cinema
Drumming* involving sticks
Film/Video Production
Guitar

## ATTACHMENT D

### LIST OF ACTIVITIES REQUIRING INSURANCE

Keyboarding
Poetry
Piano
Sing Along
Wind Instruments
<b>Category V - Arts &amp; Crafts, Science &amp; Language Instruction</b>
Archaeology
Art
Art Appreciation
Beading
Ceramics* if student is required operate kiln
Chinese
Clay, Hand Building* if wheel or kiln is involved only
Computer Instruction/Tech Support
Crafts
Creative Writing
Crocheting
Drawing
English As a Second Language
Genealogy
Jewelry Making
Knitting
Painting
Photography
Sewing
Spanish
<b>Category VI - Instruction Community Education</b>
Financial Education
Resume Writing
Toddler
Writing Skills Instruction
<b>Category VII - Special Event Entertainment &amp; Special Event Services</b>
Accordion Music
African Drumming
Balloon Artists* for events involving children
Band
Carnival Games
Chinese Cultural Dance*
Clowns/Clowning*for events involving children
Comedian



**LIST OF ACTIVITIES REQUIRING INSURANCE**

DJ/Emcee
Face Painting
Hawaiian Luau
Impersonator
Karaoke
Keyboard Player
Magician
Mariachi
Mexican Folklorico Dance*
Polka Music
Polynesian Dance Performers*
Salsa Dance Performers*
Special Event Support
Steel Drum Performers*
Storyteller
Theatre
Vocalist
<b>Category VIII - Miscellaneous Services</b>

**AFFIDAVIT OF LAWFUL PRESENCE**

Instructions: Your completion of this form is required by Arizona state law. A.R.S. §§ 1-501 and -502 if you are a sole proprietor. This law does not apply to fictitious entities such as corporations, partnerships, and limited liability companies.

I, \_\_\_\_\_ (print full name exactly as on document), hereby affirm, upon penalty of perjury, that I have made a true and accurate copy of the document checked below, that I have attached that copy to this Affidavit for purposes of mailing both documents to the City, that I am lawfully present in the United States, and that I am the person stated on the document. **(select one category only)**

- Arizona driver license issued after 1996.**  
Print first four numbers/letters from license: 

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- Arizona non-operating identification license.**  
Print first four numbers/letters: 

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- Birth certificate or delayed birth certificate issued in any state, territory, or possession of the U.S.**  
Year of birth: \_\_\_\_\_; Place of birth: \_\_\_\_\_
- United States Certificate of Birth Abroad.**  
Year of birth: \_\_\_\_\_; Place of birth: \_\_\_\_\_
- United States Passport.**  
Print first four numbers/letters on Passport: 

--	--	--	--
- Foreign Passport with United States Visa.**  
Print first four numbers/letters on Passport: 

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Print first four numbers/letters on Visa: 

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- I-94 Form with a photograph.**  
Print first four numbers on I-94: 

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- USCIS Employment Authorization Document (EAD).**  
Print first four numbers/letters on EAD: 

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or Perm. Resident Card (acceptable alternative): 

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- Refugee Travel Document.**  
Date of issuance: \_\_\_\_\_; Refugee country: \_\_\_\_\_
- U.S. Certificate of Naturalization.**  
Print first four digits of CIS Reg. No.: 

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- U.S. Certificate of Citizenship.**  
Date of issuance: \_\_\_\_\_; Place of issuance: \_\_\_\_\_
- Tribal Certificate of Indian Blood.**  
Date of issuance: \_\_\_\_\_; Name of tribe: \_\_\_\_\_
- Tribal or Bureau of Indian Affairs Affidavit of Birth.**  
Year of birth: \_\_\_\_\_; Place of birth: \_\_\_\_\_

**Signed:** \_\_\_\_\_ **Dated:** \_\_\_\_\_

<b>Office Use Only</b>	<b>Employee Name:</b>	<b>Ref. No.:</b>
Promptly report all observed violations of federal immigration law to: azicereport@dhs.gov		
<input type="checkbox"/> Reported violation (check if applicable and attach copy of email to this form)		