

INSTRUCTOR AGREEMENT

Thank you for being a part of the Douglas County Recreation Program. In order to help make this a good experience we want to make sure that we know your needs and that you know how we operate. This agreement is designed to communicate that information and reduce the risk of misunderstanding.

Name: Candee Gardner

Course Title: Creative Movement/Tone & Stretch

Effective Date: SEPTEMBER 16, 1992

Class Fee: \$25/session / \$32/session

Percentage of Fees to be Paid to You: 80 %

Special Equipment Requested: none

FILED
NO. 92-082
92 SEP 17 A9 54
BY [Signature] DEPUTY
BARBARA NEED
CLERK

INSTRUCTORS RESPONSIBILITIES:

- Begin and end classes as scheduled.
- Leave classroom as found.
- Supply all materials other than those named in the Agreement.
- Call at least 2 days prior to class starting date to verify enrollment.
- Organize, plan and teach the program as described in our brochure and on class sheet.
- After the first class meeting advise our office of any changes.
- Comply with the conduct rules established in the County Personnel Ordinance.
- If, for any reason, a class must be cancelled by the instructor, it is the instructor's responsibility to make up the class at a later date. The Recreation Department must be notified of any cancellations. If less than 24 hours notice is given the instructor may be asked to assist in calling the class participants to confirm the cancellation.
- Make sure that all class participants are registered and listed on the class roster provided by the Recreation Department. Instructors will not be paid for non-registered participants.

DOUGLAS COUNTY RECREATION DEPARTMENT RESPONSIBILITIES

- Announce your course in our brochure (unless it is added mid-session), prepare press releases and flyers.
- Manage registration and provide you with a class list.
- Prepare materials and arrange for equipment as needed.
- Arrange a classroom/facility for your program.
- Mail class evaluations to participants and prepare an evaluation at least once a year.
- Pay your class fees within two weeks of the completion of your class.

288465

NOT PROVIDED

- Mileage or travel reimbursement
- Insurance

* We are happy to supply you with paper and use of our copier for you to prepare class materials. Any publicity you prepare must be approved by the Recreation Department prior to distribution.

The County may employ other Instructors to conduct classes in the same subject matter if public interest and demand warrant or for other circumstances as deemed appropriate by County.

The County understands and agrees that lesson plans and manuals as provided by Instructors are the property of the Instructor and the County shall not use this material for purposes of its own without written consent.

This agreement may also be terminated by either party upon thirty (30) days written notice to the other party. The County may cause immediate termination in instances where other employees could be terminated such as drinking on the job, immoral behavior, insubordination, breach of contract, or any action in violation of County personnel policies. (DCC 2.02.080).

WAIVER

It is understood that you shall indemnify, defend and hold harmless Douglas County from any and all liability for damages or expenses which may occur resulting from your participation as an instructor in the Douglas County Recreation Program.

Signed: [Signature], County Representative

Dated: 9-15-92

Signed: [Signature: Cordee Gardner], Instructor

Dated: 8/5/92

Address: 1515 Silver Birch Minden, NV 89423

Social Security Number: [Redacted] 8921

Phone Number(s): 782-5251 Daytime same Evening

A:Contract.Doc

288465

EMPLOYMENT ELIGIBILITY VERIFICATION (Form I-9)

1 EMPLOYEE INFORMATION AND VERIFICATION: (To be completed and signed by employee.)

Name: (Print or Type) Last GARDNER First Candee Middle Lee Birth Name _____	
Address: Street Name and Number 1515 Silver Birch City Minden State NV ZIP Code 89423	
Date of Birth (Month/Day/Year) 10/1/69	Social Security Number 8921

I attest, under penalty of perjury, that I am (check a box):

- 1. A citizen or national of the United States.
- 2. An alien lawfully admitted for permanent residence (Alien Number A _____).
- 3. An alien authorized by the Immigration and Naturalization Service to work in the United States (Alien Number A _____ or Admission Number _____, expiration of employment authorization, if any _____).

I attest, under penalty of perjury, the documents that I have presented as evidence of identity and employment eligibility are genuine and relate to me. I am aware that federal law provides for imprisonment and/or fine for any false statements or use of false documents in connection with this certificate.

Signature Candee Gardner	Date (Month/Day/Year) 8/11/92
---------------------------------	--------------------------------------

PREPARER/TRANSLATOR CERTIFICATION (To be completed if prepared by person other than the employee). I attest, under penalty of perjury, that the above was prepared by me at the request of the named individual and is based on all information of which I have any knowledge.

Signature _____	Name (Print or Type) _____
Address (Street Name and Number) _____	City _____ State _____ Zip Code _____

2 EMPLOYER REVIEW AND VERIFICATION: (To be completed and signed by employer.)

Instructions:

Examine one document from List A and check the appropriate box, OR examine one document from List B and one from List C and check the appropriate boxes. Provide the *Document Identification Number* and *Expiration Date* for the document checked.

List A Documents that Establish Identity and Employment Eligibility	List B Documents that Establish Identity	List C Documents that Establish Employment Eligibility
<input type="checkbox"/> 1. United States Passport <input type="checkbox"/> 2. Certificate of United States Citizenship <input type="checkbox"/> 3. Certificate of Naturalization <input type="checkbox"/> 4. Unexpired foreign passport with attached Employment Authorization <input type="checkbox"/> 5. Alien Registration Card with photograph <i>Document Identification</i> # _____ <i>Expiration Date (if any)</i> _____	<input type="checkbox"/> 1. A State-issued driver's license or a State-issued I.D. card with a photograph, or information, including name, sex, date of birth, height, weight, and color of eyes. (Specify State) _____ <input type="checkbox"/> 2. U.S. Military Card <input type="checkbox"/> 3. Other (Specify document and issuing authority) _____ <i>Document Identification</i> # _____ <i>Expiration Date (if any)</i> _____	<input type="checkbox"/> 1. Original Social Security Number Card (other than a card stating it is not valid for employment) <input type="checkbox"/> 2. A birth certificate issued by State, county, or municipal authority bearing a seal or other certification <input type="checkbox"/> 3. Unexpired INS Employment Authorization Specify form # _____ <i>Document Identification</i> # _____ <i>Expiration Date (if any)</i> _____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the documents presented by the above individual, that they appear to be genuine and to relate to the individual named, and that the individual, to the best of my knowledge, is eligible to work in the United States.

Signature [Signature]	Name (Print or Type) BRIAN FITZGERALD RECREATION SUPERVISOR	Title _____
Employer Name DOUGLAS COUNTY	Address Box 218 MINDEN, NV 89423	
		Date 9-15-92

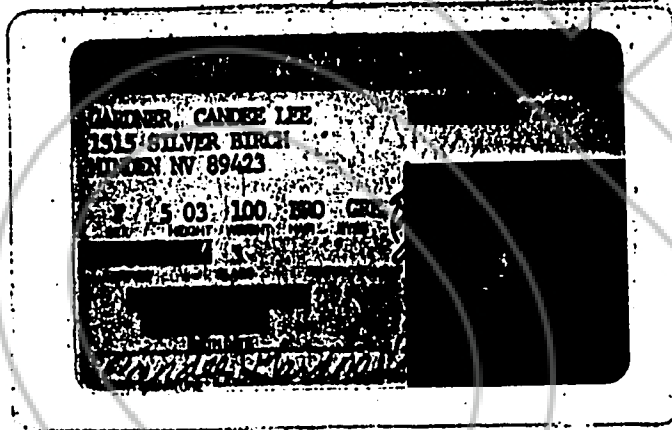
TYPE OR PRINT IN PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS

LOCAL FILE NUMBER 1896

BIRTH NUMBER

CHILD NAME 1 CANDEE LEE GARDNER			DATE OF BIRTH (MONTH, DAY, YEAR) 2 October 1, 1969		1 HOUR 12:31 AM
SEX 3 Female	TYPE OF BIRTH—SINGLE, TWIN, TRIPLE, ETC (SPECIFY) 4 Single		IF NOT SINGLE BIRTH—BORN FIRST, SECOND, THIRD, ETC. (SPECIFY) 5		COUNTY OF BIRTH 6 Washoe
CITY, TOWN, OR LOCATION OF BIRTH 7 Reno			INSIDE CITY LIMITS (SPECIFY YES OR NO) 8 Yes	HOSPITAL—NAME (IF NOT IN HOSPITAL, GIVE STREET AND NUMBER) 9 St. Mary's Hospital	
MOTHER—MAIDEN NAME 10 Sandra Lynn Wardell			AGE (AT TIME OF THIS BIRTH) 11 29	STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 12 California	
RESIDENCE—STATE 13 Nevada		COUNTY 14 Washoe	CITY, TOWN, OR LOCATION 15 Reno		STREET AND NUMBER 16 2010 Marlette Avenue
FATHER—NAME 17 Robert Anthony Gardner			AGE (AT TIME OF THIS BIRTH) 18 31	STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 19 California	
INFORMANT 20 Sandra Gardner				RELATION TO CHILD 21 Mother	
CERTIFIER—NAME (TYPE OR PRINT) 100 Robert L. Stewart, M.D.			DATE SIGNED (MONTH, DAY, YEAR) 101 11-17-69	ATTENDANT—M.D., D.O., MIDWIFE, OTHER (SPECIFY) 102 M.D.	
REGISTRAR—SIGNATURE 103 Anna McDonald Depina Registrar			DATE RECEIVED BY LOCAL REGISTRAR 104 November 20, 1969		

CONFIDENTIAL INFORMATION FOR MEDICAL AND HEALTH USE ONLY



CERTIFIED COPY

The document to which this certificate is attached is a full, true and correct copy of the original on file and on record in my office.

DATE: September 17, 1970
By B. Reed Clerk of the 9th Judicial District Court of the State of Nevada, in and for the County of Douglas.
By Lula L. Lynn Deputy

SEAL

REQUESTED BY DOUGLAS COUNTY

IN OFFICIAL RECORDS OF DOUGLAS COUNTY, NEVADA

92 SEP 17 AM 10:03

SUZANNE BLAUREAU RECORDER

288465

\$ 0 PAID KV DEPUTY