

# Alpine Community Center

*Serving South Benton County*

24814 Webster Avenue  
Monroe, Oregon 97456

**“The Alpine Community Center seeks to provide a facility and resources that offer a wide variety of programs for all persons in South Benton County. We strive to strengthen and unite the community by bringing together diverse elements, through arts, education, and economic development.”**

## **How to Start a Class, Program or Event at Alpine Community Center**

Welcome! The Alpine Community Center (ACC) is ready to become your lifelong gathering place to be with neighbors and friends, new and old. You can be involved to create and enjoy exciting activities to celebrate and support the community.

### ***How it Works***

ACC works with independent instructors and community volunteers like you to provide services to our community. ACC is now safe, warm and ready to be full of activities and you are welcome to design an activity that uses ACC. It could be an ongoing program or class, or a one time event. It could be an activity for children, teens, adults, families and seniors. It could be free or something participants are charged a fee for:

1. The process begins with you “proposing” to make it happen: a class, an activity, an event. The enclosed form will help you define and propose your event. You can fill out the form, or ask for someone to help you, then your proposal is submitted to the ACC Board of Directors.
2. The ACC Board will review the proposal, assess the “content” of the activity to determine its potential in meeting the ACC vision and goals, and then contact you for a more detailed discussion.
3. Together, ACC works with you to determine the specific design and schedule of the activity in regards to facility suitability, facility availability, fee structure, course time frames, participant maximums or minimums, age ranges, course descriptions, etc.
4. Once you and ACC verbally enter into an agreement, then a written contract is produced which states specifically the activities that you are agreeing to along with the roles and responsibilities of the ACC Board.

If you have questions about ACC or about this form, feel free to contact:

Dorothy Brinckerhoff 541-517-5943  
info@alpinecommunity.net

## About Your New ACC Activity, Program, Class or Event

This information represents your “ideal,” and is intended as a starting place for discussions between you and ACC.

Please write a paragraph to describe your activity. You may continue on the back or on another page.

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### Be sure to let us know:

Is the activity open to the public? \_\_\_\_\_ By invitation only? \_\_\_\_\_

Is there an instructor or leader (or small team of leaders)? \_\_\_\_\_

Or is it a group with no particular leader? \_\_\_\_\_

Is it for a particular age group? \_\_\_\_\_

Teens? \_\_\_\_\_ Seniors? \_\_\_\_\_ Adults only? \_\_\_\_\_ Preschool kids? \_\_\_\_\_

What parts of the facility do you expect to use? \_\_\_\_\_

Kitchen? \_\_\_ Main Hall? \_\_\_\_\_ Small Classroom? \_\_\_\_\_ Outdoors? \_\_\_\_\_

Will you charge a fee to participate? \_\_\_\_\_ What amount? \_\_\_\_\_

Are you offering to instruct a class? \_\_\_\_\_

Class duration (1 day, 4 wks, 6 wks, etc.): \_\_\_\_\_ How many Days/Week: \_\_\_\_\_

Which days of the week: \_\_\_\_\_ Times: \_\_\_\_\_

Min. Enrollment: \_\_\_\_\_ Max. Enrollment: \_\_\_\_\_ Age Ranges: \_\_\_\_\_

## Information About You

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

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

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Is there a best time to reach you by phone?

After work? \_\_\_\_\_ During the day? \_\_\_\_\_

Signature

Date

\_\_\_\_\_

If the activity you want to provide at ACC is a class, please list your previous experience in providing this service along with a reference:

Organization: \_\_\_\_\_ Years: \_\_\_\_\_

Location: \_\_\_\_\_

Name of reference: \_\_\_\_\_ Phone# of reference: \_\_\_\_\_

Please provide a copy of pertinent certifications held.

Please list other qualifications that may lead us to contract with you for this service:

\_\_\_\_\_

Note: You may substitute pre-existing documents such as your Resume or CV in place of this form as long as they answer the questions posed in this proposal.

# CRIMINAL HISTORY BACKGROUND CHECK

(for classes open to youth under age 18)

Type or print clearly

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

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

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

M \_\_\_ F \_\_\_ Date of Birth: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Other States of Residency in last 20 years:

\_\_\_\_\_

Other Names used:

\_\_\_\_\_

Have you ever been convicted of, pled guilty, or pled no contest to a sex-related crime?

\_\_\_ Yes \_\_\_ No If yes, was the conviction in Oregon or in another state? Please specify state(s). \_\_\_\_\_

If yes, did the crime involve force or minors? \_\_\_ Yes \_\_\_ No

Have you ever been convicted of, pled guilty, or pled no contest to a crime involving violence or the threat of violence? \_\_\_ Yes \_\_\_ No

If yes, was the conviction in Oregon or in another state? Please specify state(s).

\_\_\_\_\_

Have you ever been convicted of any other crime except a minor traffic violation?

\_\_\_ Yes \_\_\_ No

Have you ever been arrested for a crime for which there has not yet been an acquittal or dismissal? \_\_\_ Yes \_\_\_ No

Have you ever had any civil judgment or other court order entered against you resulting from abuse, assault, battery, harassment, intimidation, neglect, stalking, or other threatening behavior towards other persons? \_\_\_ Yes \_\_\_ No

**ADVISORY:** A check of the applicant's/employee's/volunteer's criminal history will be made to verify the response to the preceding questions.

I hereby authorize Alpine Community Center to conduct a criminal offender information check through the Oregon State Police Law Enforcement Data System. I certify that each of the responses to each of the questions above are true. I understand that false or incomplete response is for releasing me for employment/volunteering/and/or employment consideration immediately upon discovery or discrepancy.

Applicant/Employee/Volunteer Signature Date

\_\_\_\_\_

Applicant/Employee/Volunteer Printed Name

\_\_\_\_\_