



2017/2018 Vendor Application Package

19408 Village Drive, Sonora, CA 95370

Phone: 209-532-0083

Fax: 209-532-0012

Email: tpolychronis@goldrushcs.org

Dear Vendor,

Enclosed is your application packet. Please fill out the Services Agreement and W-9 Form. Turn the completed paperwork into Teresa Polychronis at the Independent Study Office. Once your application has been accepted and authorized, you will need to obtain a **Live-scan Form** for fingerprinting from Teresa Polychronis. You will need to take the **Live-scan Form** with you to a Community Service provider ***such as*** the Sonora Police Department (532-8141) or the County Schools Office (536-2000). **YOU'RE RESPONSIBLE FOR THE COST OF THE FINGERPRINTING.**

You will also find a "**Student Introduction Form**". This is a sample so that you know what it looks like. Every student with Gold Rush Home Study Charter School ***must*** present this form to you completed by his or her teacher to be kept by you. This is your assurance allowing you to invoice Gold Rush Charter School for services rendered. Please use the "**Vendor Course Instructor Invoice**" enclosed to present your bill to us. Invoices must be submitted on a monthly basis.

You must show proof of LIABILITY INSURANCE to be a vendor with Gold Rush Charter School if we are your only source of income.

If you have other income we will need verification in the form of a letter from your other source of income. Upon receipt of letter from other source will waive the need for proof of Liability Insurance.

We thank you and look forward to doing business with you.

Thank you-
Gold Rush Charter School



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SERVICES AGREEMENT

(\$5,000 or Less) REV. 4/19/2017

THIS AGREEMENT shall be between the Gold Rush Charter School and _____.

The compensation amount will be: **\$25.00 per Month, per student.**

THE TERM OF THIS AGREEMENT shall be effective on the _____, and shall continue through the **31st day of May 2018.**

THIS AGREEMENT MAY BE TERMINATED by giving 10 days written notice of termination to the other party thereto.

INSURANCE

Neither the Charter School nor district assumes liability for workers' compensation or liability for loss, damage or injury to person(s) or property during or relating to the performance of service under this Agreement.

The Contractor agrees to hold harmless and to indemnify the district and Gold Rush Charter School Any injury to person or property sustained by the contractor or by any personal firm or corporation employed directly or Indirectly by the contractor or by any of the individuals participating in or associated with him/her, and any injury to person or property sustained by any person, firm or corporation, caused any act, neglect, default or omission, of the Contractor, or of any person, firm, or corporation directly or indirectly employed by the Contractor upon or in connection with the Agreement, or any other person/parties performing services arising out of or in the course of the form of this Agreement, and the Contractor at his/her own cost, expense and risk, shall defend any and all actions, suits, or other legal proceedings that may be instituted against the district or Gold Rush Charter School for any such claim or demand, and pay or satisfy any judgment that may be rendered against the district in any such action, suit or legal proceedings or result thereof.

Nothing herein provided shall be construed to require the Contractor to hold harmless or indemnify the Gold Rush Charter School for liability or damages resulting from the negligence or willful act or omission of the school or its officers, agents, or employees.

Regarding discipline of the students: There is to be no use of physical discipline *OR* loud or threatening verbal statements. Please have student sit out of activities until you are able to speak to assigned instructor or parent about behavior in question

Sole proprietor Yes No If Yes, Owner's Name _____ Social Security # _____

Contractor (Vendor) Name *(please print)*

Contractor Address

()

Contractor Signature

Phone #

Email

Executive Director

Date



STUDENT INTRODUCTION FORM

This form must be completed by the assigned teacher of any student wishing to receive vendor services. A copy must be presented to the vendor BEFORE Gold Rush Charter School can be billed for services.

Student Name: _____

Assigned GRCS Teacher: _____

Grade: _____ Vendor: _____

For school year 2017-2018

X _____
Assigned GRCS Teacher Signature

Date

Gold Rush Assigned Instructors need to make 1 copy of this form.

- 1) The original should be given to the student to submit to the vendor
- 2) One copy for Teresa Polychronis



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HOLD HARMLESS FORM (Vendor Services)

STUDENT NAME : _____

PARENT NAME: _____
(If student is a minor)

ACTIVITY: _____

SERVICE PROVIDER (Vendor) : _____

I, the undersigned parent/guardian (or student if the student is an adult), understand that neither Gold Rush Charter School nor the Summerville Union High School District provides any supervision or endorsement of the service provider I desire to hire.

As a parent of a Gold Rush Charter School student, I understand that based on the nature of the program, I am responsible to supervise my minor child at all times while the service provider is providing services to my child. I understand that I am not required by GRCS or SVUHSD to engage the services of this service provider and that I have voluntarily selected this service provider to provide the services. I understand that neither GRCS nor SVUHSD provides any insurance coverage for my children when engaging the services of a service provider and that any insurance coverage is my own personal responsibility.

I acknowledge that the activity for which I have engaged the service provider may involve risks of injury, and I hereby expressly agree to assume all such risk of injury, harm, or damage to my child or me.

I hereby agree to waive any and all claims against Summerville Union High School District and Gold Rush Charter School and their officers, employees and agents, from any and all liability or claims for any injuries, damages, loss or expenses sustained to my child, to any members of my family, to me or to any personal property while participating in this activity.

I have been provided an opportunity to read this waiver/hold harmless agreement, to have it explained to me, and to ask any questions concerning its meaning or terms. I understand that I may have this agreement reviewed by an attorney prior to signing it.

Signature of parent/guardian (or student if an adult):

X _____ Date: _____