

# CHIPPEWA VALLEY SCHOOLS CAMP/CLINIC/LEAGUE APPROVAL PACKET CHECKLIST

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**\*\*\*Submit to Aubrey Bondy at least TWO weeks prior to start of registration\*\*\***

**ALL BOXES MUST BE CHECKED PRIOR TO APPROVAL - INCOMPLETE FORMS WILL BE RETURNED TO YOU**

Check ✓  
Box

WORKER AUTHORIZATION FORM - CAMP/CLINIC/LEAGUE (complete columns A, B, & C only)  
↑ Please indicate who will/won't be paid

CAMP/CLINIC/LEAGUE FUNDRAISER / CASH COLLECTION FORM (completed)

Important camp information form (completed)

Community Use of School Facilities/Grounds form (completed and approved copy)

Flyer Checklist (completed)

Include a flyer (draft version)



*FOR ALL NON-PAID VOLUNTEERS 18 & OVER*

Completed Volunteer Criminal Record Checks (CRC); form is included with packet

Make copy of completed packet for your records

**\*\*\*TIMESHEETS FOR ALL WORKERS (HOURLY & LUMP) MUST BE SUBMITTED TO MICHELE BENDZINSKI  
AFTER EVENT IS COMPLETE; if workers are volunteers or pay is being declined, send e-mail to  
Michele Bendzinski as supporting documentation\*\*\***

Submitted By:

\_\_\_\_\_  
(Signature - Coach/Sponsor)

\_\_\_\_\_  
Date

Approval Packet

In-Take:

\_\_\_\_\_  
(Signature - Aubrey Bondy)

\_\_\_\_\_  
Date

Community Ed.

Approval

\_\_\_\_\_  
(Signature - Jim Fields)

\_\_\_\_\_  
Date

**Registration Number:** \_\_\_\_\_

# CHIPPEWA VALLEY SCHOOLS ATHLETICS

## MAXIMUM COMPENSATION CALCULATIONS FOR CAMP, CLINIC, AND LEAGUE WORKERS

*Effective 2/1/23*

### League Directors

- \$1,000 plus 6% of revenue (net of cancellations and refunds)

### Camp and Clinic Directors

- \$750 for up to 100 paid registrations plus \$20.80/hr
- \$1,000 for over 100 paid registrations plus \$20.80/hr
- \$1,250 for over 150 paid registrations plus \$20.80/hr

### Additional Coaches, Supervisor, and Directors

- \$20.80/hr (Maximum)

### League Workers

- Adults – Site Supervisors and Referees \$20.80/hr
- High School Students – \$12.00/hr

## **Camp/Clinic/League FAQ's**

### **How do I pay expenses for my Camp/Clinic/League?**

Send original invoices or check requests to Michele Bendzinski, Adult & Community Ed. Bookkeeper, at the Administration Building. All invoices must be signed and dated to confirm receipt of items and pricing. District guidelines regarding purchasing procedures and quotes must be adhered to.

### **How do I get the money into my internal account?**

Profits from the event will be transferred to your school's internal account only after all expenses for the Camp/Clinic/League have been paid (including pay for employees). Provide Michele Bendzinski with the internal account ASN number in which the funds should be transferred into.

### **Why does it take so long to get my employees paid?**

Utilizing the Worker Authorization Form requires a listing of all individuals expected to work the event. This document is to be submitted 2 weeks prior to open registration, and allows HR the necessary time to confirm employee status. If the individual is not a current employee or we are in need updated information, including pertinent background checks, it will be resolved prior to working the event. This procedure will not only ensure the requirements of HR are followed, it also allows for timely payroll processing upon completion of your Camp/Clinic/League.

### **Why can't I just pay my Camp/Clinic/League expenses through my internal account?**

It is important that all expenditures for the Camp/Clinic/League are processed through the Camp/Clinic/League ASN's in the General Fund. Expenditures for Camp/Clinic/League activities are funded via the revenue received from registration fees charged to the participants. In order to account for this properly, you must utilize your Camp/Clinic/League ASN's and have the payment processed through Michele Bendzinski in the business office.

### **I don't know who I will have working my Camp/Clinic/League yet. Can I submit the Worker Authorization Form later?**

It is extremely important to have the individuals who you plan to work your event(s) included on the initial Worker Authorization Form which must be submitted with your packet. This

requirement is necessary in order for Human Resources to have sufficient time to process hiring paperwork and/or run the necessary background checks that protect you and the district from potential liability. Although this will require some additional pre-planning well in advance of your actual Camp/Clinic/League schedule, it ensures our students are safe and your workers can be paid in a timely manner.

### **I don't know how many workers I will need?**

Since the Worker Authorization Form needs to be submitted with your completed packet 2 weeks prior to open registration, it would be best to plan for more workers than not enough. Feel free to list potential "alternates" on your Worker Authorization Form so Human Resources can move forward with all required paperwork and background checks. If you do not utilize that worker, you will simply communicate that information to Michele Bendzinski upon finalizing your Camp/Clinic/League and submitting timesheets for your other workers. If unsure, plan for more than you need, if you get in a pinch, you already have pre-approval from Human Resources for these "alternate" workers to fill a void in your Camp/Clinic/League.

CHIPPEWA VALLEY SCHOOLS  
CAMP/CLINIC/LEAGUE  
FLYER CHECKLIST

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Check ✓

Box

Full Name of Event

Registration Number (**assigned by Aubrey Bondy after Packet approval**)

Cost Per Person (including any reduced rates, discounts)

Date, Time, Location (rain date if applicable)

Coach/Sponsor Contact Name, E-Mail & Phone Number

Last Day of Registration

List Amenities (price includes lunch, t-shirt, etc.)

Payment Policy:

- Payments must be made on-line at <https://onlinereg.cvs.k12.mi.us>, OR  
In person or by mail to Chippewa Valley Schools-Adult & Community Ed.

**Administration Office: 19120 Cass Ave, Clinton Twp 48038**

**Little Turtle: 50375 Card Rd, Macomb 48044**

- Cash, Check, VISA, Mastercard, all acceptable payment methods
- \$20 fee assessed on returned checks
- Withdrawals:
  - Full refund less \$8.00 processing fee through --/--/-- (date)
  - 50% refund less \$8.00 processing fee through --/--/-- (date)
  - No refunds will be given after --/--/-- (date)
- Payment is DUE IN FULL at time of registration
- Coaches cannot accept registration payments

Remittance Stub (must include):

- Full Name of Event
- Registration Number
- Date
- Cost
- Required Info (if any) - i.e. shirt size
- Blank line - Participant's Name
- Blank Line - Date of Birth
- Blank Line - Parent Name
- Blank Line(s) - Address
- Blank Line - Phone Number
- Blank Line - E-Mail
- Method of Payment (cash, check, credit)
- Blank Line - Credit Card #
- Blank Line - Credit Card Exp. Date
- Blank Line - Name of Cardholder

Chippewa Valley Schools  
**WORKER AUTHORIZATION FORM - CAMP/CLINIC/LEAGUE**

School/Department: \_\_\_\_\_ Requested by: \_\_\_\_\_ Date: \_\_\_\_\_  
 Event: \_\_\_\_\_ Coach/Sponsor  
 Date(s) of Event: \_\_\_\_\_ Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
 Athletic Director

COMPLETED BY COACH/SPONSOR			COMPLETED BY HR & BUSINESS DEPARTMENTS						
AUTHORIZATION TO WORK			AUTHORIZATION TO PAY						
A WORKER INFORMATION REQUIRED	B RECEIVING PAY-Y/N	C 18 OR OVER-Y/N	D HR USE ONLY		E BUSINESS DEPT. USE ONLY		F HR USE ONLY		
			G EMPLOYEE ID NUMBER	H APPROVAL INITIAL/DATE	I ASN	J VERIFY FUNDS INITIAL/DATE	K HOURLY RATE	L LUMP SUM \$	M APPROVAL INITIAL/DATE
Worker Name:									
Phone No.:									
Job Description:									
Worker Name:									
Phone No.:									
Job Description:									
Worker Name:									
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Job Description:									
Worker Name:									
Phone No.:									
Job Description:									

# IMPORTANT CAMP INFORMATION FORM

Forms must be completed IN FULL to reduce miscommunication for registration practices desired by coach.

Is an out of district student accepted? : Y / N

Is this restricted to a team or subset of students? : Y / N

What are the restrictions? \_\_\_\_\_

Student age Range: \_\_\_\_\_

What information is required to be collected from students in registration? (Such as grade, T-shirt Size, etc.)

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Last day of registration advertised on flyer. : \_\_\_\_\_

Actual Last day of registration: \_\_\_\_\_

(Continue registration past last day?) Y / N

Are you sure the last day of registration falls on a workweek Y / N

Class Camp/Clinic/League Minimum Size: Y / N

If so, list the minimum #: \_\_\_\_\_

Class Camp/Clinic/League Size: Y / N

If so, list the maximum #: \_\_\_\_\_

Do you want to be contacted for exceptions to any of these rules, if a parent asks for an exception?

Y / N

**CAMP/CLINIC/LEAGUE FUNDRAISER / CASH COLLECTION FORM**

Name of Event: _____	Date of Event: _____
Event held at: _____	
Coach/Sponsor: _____	Phone: _____
Name of Account/Fund(s) to Profit: _____	<b>ASN #:</b>
Description of Fundraiser: _____	

<b>Projected Revenue:</b> _____ Participants x _____ Fee = \$ _____				Bus. Office Use Actual
<b>Projected Expenses:</b>				
Registration Fee _____ Participants x \$ 5.00 Cost = \$ _____				
Facility Use Fee: _____		\$ _____		
Custodial Fee: _____		\$ _____		
Compensation Expense:				
Employee				
Payroll		\$ _____		
FICA - 7.65%		\$ _____		
Retirement - % Rate Varies		\$ _____		
Non-Employee		\$ _____		
Other Expenses:				
_____		\$ _____		
_____		\$ _____		
_____		\$ _____		
_____		\$ _____		
_____		\$ _____		
_____		\$ _____		
<b>Total Projected Expenses:</b>		\$ _____		
<b>TOTAL PROJECTED NET INCOME</b>		\$ <span style="border: 1px solid black; padding: 2px;"> </span>		

Coach/Sponsor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved        Not Approved  

Athletic Director: \_\_\_\_\_ Date: \_\_\_\_\_

Building Principal: \_\_\_\_\_ Date: \_\_\_\_\_



## Chippewa Valley Schools Community Use of School Facilities/Grounds

Date of Application		Schedule Number				
Organization	Troop, Den, Pack#/Name					
Contact Name (Printed)	GROUP TYPE		1	2	3	4
Street Address	City/State/Zip					
Phone #	2nd Phone #					
E-mail Address						
Contact Name / Address / Phone # - for billing responsibility						

Event \_\_\_\_\_  
 Building \_\_\_\_\_  
 Room(s) \_\_\_\_\_  
 Date(s) \_\_\_\_\_ Day of Week \_\_\_\_\_ Saturday \_\_\_\_\_

Recurrence (Weekly, 3rd Thurs., Monthly, etc.) \_\_\_\_\_

Start Time _____	End Time _____	Total Hours _____	Circle One	
Approx # Attending _____	Is There an Admission Charge for the Event?		Yes	No

Extra Custodial Needs (Extra Chairs/Tables, etc.) \_\_\_\_\_

Is Food Being Served?	Yes	No	Is kitchen access required?	Yes	No
Circle One		Circle One			

Other Notes: \_\_\_\_\_  
 \_\_\_\_\_

Type of Fee	Hours	Fee Per Hour	
Facility Fee	_____	\$ _____	_____
Equipment Fee	_____	\$ _____	_____
Custodial Fee	_____	\$ _____	_____
Cafeteria Fee	_____	\$ _____	_____
Other	_____	\$ _____	_____
Other	_____	\$ _____	_____
Other	_____	\$ _____	_____
Other	_____	\$ _____	_____
Other	_____	\$ _____	_____
Other	_____	\$ _____	_____
<b>Total</b>			\$ _____ -

**SPECIAL INSTRUCTIONS**

**All fees due in full 10 days prior to event.** Send all payments to Chippewa Valley Schools, Attn: Business Office, 19120 Cass Avenue, Clinton Twp., MI 48038

In signing this form, I certify that I have read the Chippewa Valley School District Facility Use document that is attached to this form. I agree to strictly observe these guidelines and I accept responsibility for the enforcement of them. I agree to protect the premises and indemnify the District for any damage due to the occupancy of the building covered by this permit. I understand and agree that this permit may be revoked or cancelled at any time, with or without cause, and that in the event of such revocation or cancellation, there shall be no claim or right to damages or reimbursement on account of any loss, damages, or rights of action directly or indirectly growing out of the use of the premises covered by this permit. Liability: As user, I agree to assume full responsibility for injury to persons and damage to property during the time facilities are used under this agreement.

Signature of Applicant	Address	City/State ZIP	Phone #
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Building Administrator Signature	Title	Date	Business Department Signature	Title	Date
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Hold Harmless _____	Insurance _____	Schedule # _____	Invoice _____	Payment _____
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# AUTHORIZATION TO RELEASE INFORMATION

Chippewa Valley Schools

Human Resources

## Volunteer Criminal Record Check

Please complete this form and return it along with a copy of your Driver's License and/or Michigan ID card in a sealed envelope to the camp/clinic/league Director. **All fields are required** by the Michigan State Police in order to process the record check. The Chippewa Valley Schools Human Resources office will submit this information through a secure web site operated by the Michigan State Police. You will be contacted by mail by Human Resources only if there are questions about the criminal record check. This form and the record check will be filed in a secure location in the Human Resources Department. Your cooperation with this process is appreciated as it assists us with assuring the safety and well being of all of our students.

### PLEASE NOTE:

1. If you have been convicted of a "listed offense" as defined in section 2 of the Sex Offender Registration Act you are prohibited from volunteering.
2. All other Felony and Misdemeanor offenses will be subject to a targeted screen and you may be further questioned.
3. If you are convicted of a crime after filling out this form please notify Tamara Crossley in the Human Resources Department at 586-723-2090 or by email at [tcrossley@cvs.k12.mi.us](mailto:tcrossley@cvs.k12.mi.us). Do not contact the camp/clinic/league Director.

Thank you for your interest in serving as a volunteer with the Chippewa Valley Schools.

\*\*\*\*\*

(PRINT NAME)

FIRST NAME

MIDDLE NAME

LAST NAME

I hereby authorize the Chippewa Valley Schools to request the Michigan State Police Central Record Division to release any information regarding criminal records I may have to the Chippewa Valley School.

SIGNATURE

DATE

GENDER(MALE/FEMALE)

RACE: Please Check One:

- Caucasian
- African American
- Asian or Pacific Islander
- American Indian or Alaskan Native
- Unknown /Other

DATE OF BIRTH  
(Month/Day/Year)

Address:

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP \_\_\_\_\_

Daytime Telephone # \_\_\_\_\_

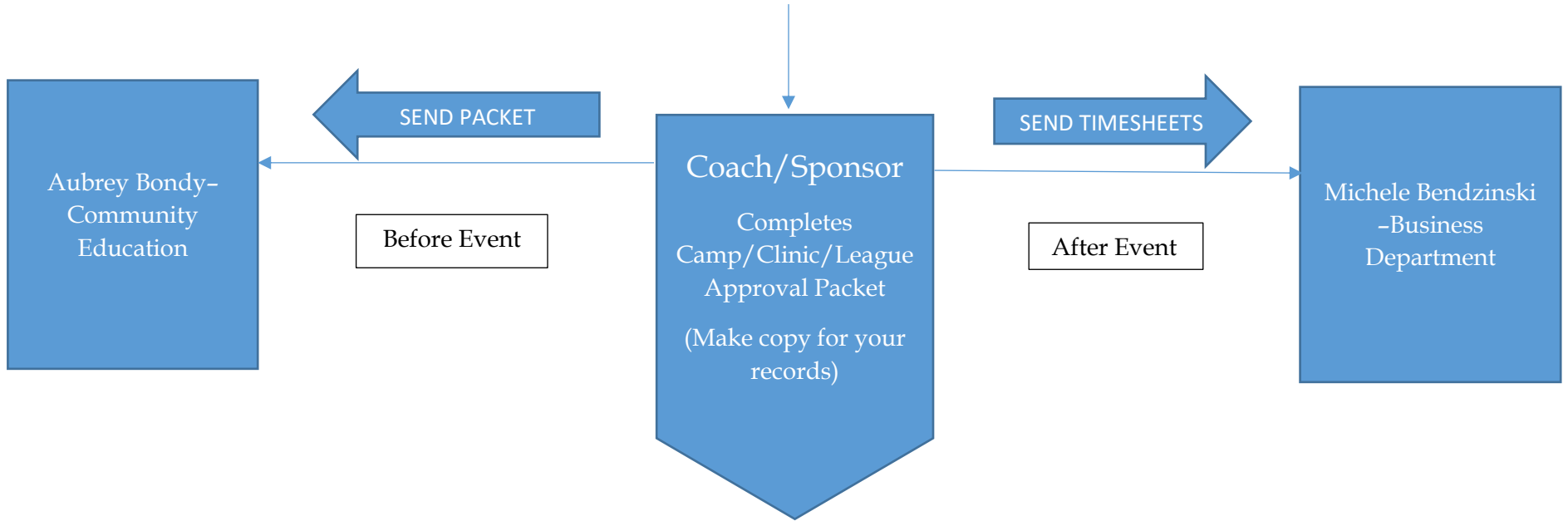
School Building Name \_\_\_\_\_ Teacher Name \_\_\_\_\_

Camp/Clinic/League volunteering for	Director of Camp/Clinic/League

**\*\*A COPY OF YOUR DRIVER'S LICENSE AND/OR MICHIGAN ID CARD MUST ACCOMPANY THIS FORM.**

COACH/SPONSOR  
CAMP/CLINIC/LEAGUE WORKFLOW CHART

TWO WEEKS PRIOR TO OPEN REGISTRATION



# ADMINISTRATION BUILDING CAMP/CLINIC/LEAGUE WORKFLOW CHART

