



# City of Parkland Trainer Application

Name of Applicant: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_  
Number & Street City State Zip Code

E-Mail: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Organization or Company (If applicable): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Do you charge a fee? Yes No

Description / Type of Training: \_\_\_\_\_  
\_\_\_\_\_

Days / Times of Training: \_\_\_\_\_

Requested Equipment to be used: \_\_\_\_\_  
\_\_\_\_\_

Please be advised that submitting a Trainer Application does not guarantee approval. The City may approve, approve with conditions, deny or revoke any application. All approved applications shall be subject to the following conditions:

- Training is not permitted until a Trainer Serves Agreement is fully executed.
- The City of Parkland has the right to deny equipment listed to avoid damage to City facilities.
- Submit a Certificate of Insurance naming the City as additional insurer with coverage and minimum amounts approved by the City.
- Complete a mandatory criminal background screening pursuant to Ordinance 2008-24. Fees for background screening must be paid by the applicant.
- Upon completion of successful background clearance, pay the annual training fee set forth in the current fiscal year Fee Schedule.
- The City does not guarantee availability of facilities. If group size is six (6) or less, park can be used on a first come, first serve basis based on availability. For groups more than six (6), a short term field permit will also be required.
- The Approved Trainer Identification card issued by the City must always be available to present to City staff while providing services.
- Submit a roster of all participants/clients to include name and full address at least every four (4) months to the City. Must maintain a minimum of 85% Parkland residents.
- If applicable, submit a current Business Tax Receipt.
- Once all requirements are met, sign and execute a Trainer Services Agreement.

I hereby certify the above information is true and the undersigned shall notify the City in writing if additional information is known which would alter the information in this application. I agree to defend, indemnify and hold harmless the City of Parkland, its officers, agents, employees and volunteers from and against any and all loss, claims, damages, liability, such claim or suite arising from or in any matter connected to the requested activity.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved Denied Date: \_\_\_\_\_ Director/Designee: \_\_\_\_\_