

PALM BEACH COUNTY  
BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY

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Meeting Date: December 5, 2006 [X] Consent [ ] Regular  
[ ] Ordinance [ ] Public Hearing

Department: Parks and Recreation

Submitted By: Parks and Recreation Department

Submitted For: Parks and Recreation Department

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I. EXECUTIVE BRIEF

**Motion and Title:** Staff recommends motion to receive and file: The executed Independent Contractor Agreements received during the month of October.

- A) Susan Allshouse, Tennis Instructor, West Boynton Park & Recreation Center (ALLS1074101006525200A);
- B) Caroline Karolinko, Synchronized Swimming Coach, Aqua Crest Pool (KARO1073001006530300A).

**Summary:** In accordance with County PPM CW-O-051, all delegated contracts/agreements/grants must be submitted by the initiating Department as a receive and file agenda item. The attached Independent Contractor Agreement(s) have been fully executed on behalf of the Board of County Commissioners (Board) by the County Administrator/Director of the Parks and Recreation Department in accordance with Resolution 94-422, amended by Resolution 02-2103, and are now being submitted to the Board to receive and file. Countywide (AH)

**Background and Justification:** The Independent Contractor Agreements with recreation instructors and sports officials (Resolution 94-422, amended by Resolution 02-2103) was adopted by the Board to streamline the process of hiring recreation instructors and sports officials. The Board granted the Director of Parks and Recreation authority to execute Independent Contractor Agreements with recreation instructors and sports officials up to \$10,000, with contracts of \$10,000 or more requiring the County Administrator's approval.

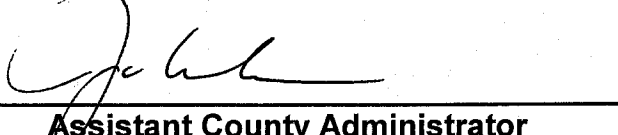
The Agreements attached have been executed on behalf of the Board by the County Administrator/Director of the Parks and Recreation Department in accordance with the authority delegated by the Board, and are now being submitted to the Board to receive and file.

**Attachments:** Independent Contractor Agreements (2)

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Recommended by:   
Department Director

11/13/06  
Date

Approved by:   
Assistant County Administrator

11/22/06  
Date

**II. FISCAL IMPACT ANALYSIS**

**A. Five Year Summary of Fiscal Impact:**

Fiscal Years	2007	2008	2009	2010	2011
Capital Expenditures	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
Operating Costs	<u>14,510</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
External Revenues	<u>&lt; 17,238 &gt;</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
Program Income (County)	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
In-Kind Match (County)	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
<b>NET FISCAL IMPACT</b>	<b><u>(2,728)</u></b>	<b><u>-0-</u></b>	<b><u>-0-</u></b>	<b><u>-0-</u></b>	<b><u>-0-</u></b>
<b># ADDITIONAL FTE POSITIONS (Cumulative)</b>	_____	_____	_____	_____	_____

Is Item Included in Current Budget? Yes X No \_\_\_\_\_  
 Budget Account No.: Fund 0001 Department 580 Unit various  
 Object 3422 Program N/A

**B. Recommended Sources of Funds/Summary of Fiscal Impact:**

	Contractor	FY2007	
		Revenue	Expense
A	Susan Allshouse	\$6,300	\$5,760
B	Caroline Karolinko	\$10,938	\$8,750
	<b>Total</b>	<b>17,238</b>	<b>14,510</b>

C. Departmental Fiscal Review: \_\_\_\_\_ *[Signature]*

**III. REVIEW COMMENTS**

**A. OFMB Fiscal and/or Contract Development and Control Comments:**

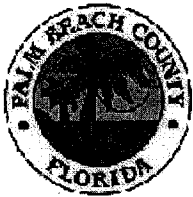
*Elizabeth Blaser* 11/16/06  
 OFMB  
 11/15/06 PM  
 11-4-06

*Jim J. Jacobson* 11/17/06  
 Contract Development and Control  
 E. Jones 11/17/06

B. Legal Sufficiency:  
*Anne Helgent* 11/20/06  
 Assistant County Attorney

C. Other Department Review:  
 \_\_\_\_\_  
 Department Director

This summary is not to be used as a basis for payment



Palm Beach County  
Parks and Recreation Dept.

DATE : 10/18/2006

Contract Tracking System 0000001278

**CONTRACT INFORMATION**  
Active

**ALLS1074101006525200A**

Certificate of Insurance

NAME : ALLSHOUSE, SUSAN  
VENDOR CODE: ALLS107410  
INSTRUCTOR: TENNIS INSTRUCTOR  
ACCOUNT NUMBER : 0001-580-5252-00-3422  
LOCATION: WEST BOYNTON PARK & RECREATION CENTER  
PROGRAM: TENNIS

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CONTRACT DATE : 10/18/2006  
START DATE : 10/23/2006  
END DATE : 10/01/2007

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CONTRACT AMOUNT : 5,760.00 REVENUE AMOUNT: 5,760.00  
USED AMOUNT : 0.00 USED AMOUNT : 0.00  
AMOUNT LEFT : 5,760.00 AMOUNT LEFT : 5,760.00

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**ASSIGNED CATEGORIES:**

TENNIS INSTRUCTOR 60.00 CLASS

RECREATION SERVICES				
ACCOUNT: 0001-580-5252-3422	VENDOR CODE: VC-107410	CONTRACT:		
MC: [Signature]	PS: [Signature]	CC: [Signature]	CA: [Signature]	DD: [Signature]

**INDEPENDENT CONTRACTOR AGREEMENT FOR  
PALM BEACH COUNTY PARKS & RECREATION DEPARTMENT**

This Agreement is made as of the 18 day of Oct, 2006, by and between the Board of County Commissioners of Palm Beach County, Florida, hereinafter referred to as the "COUNTY" and Susan E. Allshouse, an Independent Contractor, hereinafter referred to as "CONTRACTOR".

**WITNESSETH:**

**WHEREAS**, the COUNTY desires to make available (a) (an) Tennis Classes program, and desires to contract with CONTRACTOR to provide a specific service for that program; and

**WHEREAS**, the COUNTY and CONTRACTOR desire to clarify and define their responsibilities with regard to providing said program.

**NOW THEREFORE**, in consideration of the mutual covenants and promises contained herein, the COUNTY and CONTRACTOR hereby agree as follows:

1. **Term:** The class, activity or service will begin on October 23, 2006 and will meet thereafter with the termination date of this agreement being October 1, 2007.
2. **Fees:** Palm Beach County Parks and Recreation Department, on behalf of COUNTY, shall collect all fees and charges from participants. The fee(s) charged by the COUNTY for this class or activity (is) (are): \$35.00 per participant. Revenue Account No. 0001-580-5252-4721-09.
3. **Payments To Contractor:**
  - a. The total amount to be paid by the COUNTY under this Contract for all services and materials shall not exceed a total contract amount of Five Thousand Seven Hundred Sixty Dollars (\$ 5,760.00). The CONTRACTOR shall notify the COUNTY's representative in writing when 90% of the "not to exceed amount" has been reached. The CONTRACTOR will bill the COUNTY on a bi-weekly basis per the attached schedule of payments, or as otherwise provided in Exhibit "B" for services rendered toward the completion of the Scope of Work. Where incremental billings for partially completed items are permitted, the total billings shall not exceed the estimated percentage of completion as of the billing date.
  - b. The CONTRACTOR's fee shall be the sum of \$ 60.00/class or \_\_\_\_\_% of the paid enrollment fees for the class or activity.
4. **Specific Details:**
  - a. Type of service/instructor: Susan E. Allshouse.
  - b. Name of class or activity: Tennis Classes.
  - c. Day(s)/Date(s) Scheduled: Various Days / Monday - Sunday / October 23, 2006 to September 30, 2007.
  - d. Time Scheduled: Various Times
  - e. Location: West Boynton Recreation Center/Park Vista Tennis Courts.
  - f. A minimum of 10 and a maximum of 20 paid enrollments must be received by the COUNTY prior to commencement of the class or activity. COUNTY reserves the right to cancel each class or activity which does not have the specified minimum number of participants registered.

**received**  
10/17/06

5. **Independent Contractor Status:** It is specifically understood that the CONTRACTOR is an independent contractor and not an employee of the COUNTY. The COUNTY and CONTRACTOR agree that this Agreement is not a contract of employment and that no relationship of Employer/Employee or Principal/Agent is or shall be created hereby nor shall hereafter exist by reason of the performance of the services herein specified.
6. **Taxes:** It is acknowledged and agreed by the COUNTY and CONTRACTOR that the service herein provided by the CONTRACTOR is a professional service and that the COUNTY is neither paying Social Security benefits nor withholding taxes from the CONTRACTOR's compensation for said service. The CONTRACTOR assumes all liability and responsibility for payment of his/her own FICA and Social Security benefits with respect to this Agreement.
7. **Termination:** The COUNTY may terminate this Agreement at any time upon written notice to the CONTRACTOR and the CONTRACTOR may terminate this Agreement upon written notice mailed to the COUNTY at least thirty (30) working days prior to the CONTRACTOR's departure date.
8. **Subcontracting:** The CONTRACTOR may not, without written approval of the COUNTY, subcontract or assign any rights, responsibilities or obligations under this Agreement.
9. **Performance:**
  - a. CONTRACTOR agrees to:
    1. Perform the services set forth herein in accordance with all applicable association/governing body rules and regulations, and in a competent, professional, safe, and responsible manner with full regard for the safety of the participants as well as the facility.
    2. No person other than the CONTRACTOR or a qualified employee of the CONTRACTOR shall be engaged to provide the services provided for in this Agreement.
    3. Provide written activity plans for each class or activity for which the CONTRACTOR is responsible.
    4. Provide and maintain, in proper working order, all necessary equipment specified to conduct the services provided for in this agreement.
    5. Inspect the activity site prior to beginning each class or activity in accordance with safety standards as explained in the CONTRACTOR's orientation program. Should a safety condition exist at a facility, CONTRACTOR should report said condition immediately to the County Representative and postpone said class or activity until the condition is addressed.
    6. Inspect the activity site after the class or activity is concluded to assure that the facility is left in the condition in which it was found.
    7. Utilize his or her own methods and procedures toward a result which shall be in accordance with the purposes, intent and objectives of the COUNTY in providing such recreational class or activity.
    8. Provide the County Representative with 7 days notice of all schedule conflicts/changes.
    9. CONTRACTOR shall immediately notify the County Representative of any unanticipated absences such as personal/family illnesses.
  - b. COUNTY agrees to:
    1. Maintain the facilities in proper working order.
    2. Conduct registration, collect participation fees and process class transfers or refunds for any and all programs and registrants.
    3. Provide class/activity rosters to the CONTRACTOR for distribution.

4. Publicize the class or activity through the Leisure Times and public service announcements.
10. **Exhibits:** If any additional provisions are applicable to the class or activity as provided for herein, CONTRACTOR and COUNTY may attach applicable Exhibit(s). If any additional requirements such as specialty certifications, licenses and/or memberships applicable to the class or activity are required CONTRACTOR and COUNTY may attach applicable Exhibit(s). The CONTRACTOR's proposal should also be included as an Exhibit to this Agreement. All Exhibits shall be incorporated into and made a part hereof.
11. **County Representative:** The County Representative for this CONTRACT is:  
Garrett Pearson PH: (561) 355-1125
12. **Indemnification:** The CONTRACTOR shall protect, defend, reimburse, indemnify and hold COUNTY, its agents, servants, employees and elected officers harmless from and against any and all claims, liability, losses, expense, cost, damages and/or causes of action of every kind or character, including attorney's fees and costs, whether at trial or appellate levels or otherwise, which may arise from any and all acts or omissions of the CONTRACTOR during the performance of the CONTRACTOR's service under this Agreement.
13. **Notices:** All notices required in this Agreement shall be hand delivered or sent by certified mail, return receipt requested, if sent to the COUNTY shall be mailed to:  
  
Director of Special Facilities & Beaches  
Palm Beach County Parks and Recreation Department  
2700 Sixth Avenue South  
Lake Worth, FL 33461  
  
and if sent to the CONTRACTOR shall be mailed to:  
  
CONTRACTOR'S Name: Susan E. Allshouse.  
  
CONTRACTOR'S Address: 4790 Blossom Dr. Delray Beach, Fl. 33445.  
  
CONTRACTOR'S Phone No. (561) 498-8105.
14. **Remedies:** This Agreement shall be governed by the laws of the State of Florida. Any legal action necessary to enforce this Agreement shall be held in Palm Beach County. Nothing herein shall be construed as creating any personal liability on the part of any officer or agent of the COUNTY, or shall it be construed as giving any rights or benefits hereunder to anyone other than the COUNTY and the CONTRACTOR.
15. **Availability of Funds:** The COUNTY's performance and obligation to pay under this Agreement for subsequent fiscal year's is contingent upon annual appropriations for its purpose by the Board of County Commissioners.
16. **Arrears:** The CONTRACTOR shall not pledge the COUNTY'S credit or make it a guarantor of payment or surety for any contract, debt, obligation, judgment, lien, or any form of indebtedness. The CONTRACTOR further warrants and represents that it has no obligation or indebtedness that would impair its ability to fulfill the terms of this Agreement.
17. **Public Entity Crimes:** As provided in F.S. 287.132-133, by entering into this Agreement or performing any work in furtherance hereof, the CONTRACTOR certifies that it, its affiliates, suppliers, subcontractors and consultants who will perform hereunder, have not been placed on the convicted vendor list maintained by the State of Florida Department of Management Services within the 36 months immediately preceding the date hereof. This notice is required by F.S. 287.133(3)(a).
18. **Criminal History Records Check:** The CONTRACTOR shall comply with the provisions of Ordinance 2003-030, the Criminal History Records Check Ordinance ("Ordinance"), if CONTRACTOR'S employees or subcontractors are required under this Agreement to enter a "critical facility" as identified in Resolution R-2003-1274. The CONTRACTOR acknowledges and agrees that all employees and subcontractors who are to enter a "critical facility" will be subject to a fingerprint based criminal history records check. Although COUNTY agrees to pay for all applicable FDLE/FBI fees required for criminal history records check, the CONTRACTOR shall be solely responsible for the financial, schedule, and staffing implications associated in complying with Ordinance 2003-030.

19. **Severability:** If any term or provision of this Agreement, or the application thereof to any person or circumstances shall, to any extent, be held invalid or unenforceable, the remainder of this Agreement, or the application of such terms or provision, to persons or circumstances other than those as to which it is held invalid or unenforceable, shall not be affected, and every other term and provision of this Agreement shall be deemed valid and enforceable to the extent permitted by law.

20. **Entirety of Contractual Agreement:** The COUNTY and the CONTRACTOR agree that this Agreement sets forth the entire agreement between the parties, and that there are no promises or understandings other than those stated herein. None of the provisions, terms and conditions contained in this Agreement may be added to, modified, superseded or otherwise altered, except by written instrument executed by the parties hereto.

IN WITNESS WHEREOF, the parties have set their hands and seals in the date first above written.

**PALM BEACH COUNTY WITNESS**

Nancy Beale  
SIGNATURE

Nancy Beale  
NAME (TYPE OR PRINT)

**CONTRACTOR WITNESS**

Jim Henneman  
SIGNATURE

JIM HENNEMAN  
NAME (TYPE OR PRINT)

**PALM BEACH COUNTY**

Debbie Williams  
DEPARTMENT DIRECTOR / ASSISTANT DIRECTOR

\_\_\_\_\_  
COUNTY ADMINISTRATOR (IF CONTRACT VALUE EXCEEDS \$10,000)

**INDEPENDENT CONTRACTOR**

Susan C. Allstouse  
SIGNATURE

Susan F. Allstouse  
NAME & TITLE (TYPE OR PRINT)

APPROVED AS TO FORM AND  
LEGAL SUFFICIENCY

Anne Delmont  
COUNTY ATTORNEY

## **SCOPE OF SERVICE**

**Susan E. Allshouse**

Ms. Allshouse will be providing tennis classes at West Boynton Park and Recreation Center located at 6000 Northtree Blvd., Lake Worth, Florida.

Classes will be provided for youth and adults. Class content will consist of the fundamentals of tennis including, proper grip, proper stroke techniques, etiquette, and rules of the game. Classes will be held at various times and days from October 23, 2006 through September 30, 2007.

A fee of \$35.00 per participant will be charged for 8 one hour classes per session. A session consists of eight weeks. There will be five sessions offered.

Equipment to be used includes tennis rackets and tennis balls.



United States Professional Tennis Association, Inc.  
Determining the way the world learns to play tennis



December 26, 2005

Ms. Susan E. Allshouse  
4790 Blossom Dr  
Delray Beach, FL 33445

Dear Susan:

This letter will confirm that, as a certified member of the United States Professional Tennis Association (USPTA), you have liability insurance as outlined below. This USPTA liability policy covers applicants, and certified and certain honorary members in the United States, its territories or Canada, and nonmembers who are insured through a certified member's policy.

THE USPTA LIABILITY POLICY INCLUDES \$9 million liability insurance, *while on court* for bodily injury to others; and for damage to property not in the tennis professional's care, custody or control. It *does not cover* injury to the tennis professional, or damage to his/her property. The accident must have taken place on court, and arisen from the tennis professional's playing, practicing, teaching or officiating in tennis.

Policy number:	PHPK149078
Effective period:	12/31/2005 - 12/31/2006
For questions or to report an accident, contact:	USPTA World Headquarters 3535 Briarpark Drive, Suite One Houston, TX 77042 Telephone (713) 978-7782

If we may be of further assistance, please do not hesitate to contact us.

Sincerely,

UNITED STATES PROFESSIONAL TENNIS ASSOCIATION, INC.

*Melony DeLoach*  
Melony DeLoach  
Insurance Department

/md

3535 Briarpark Drive, Suite One • Houston, TX 77042

800-USPTA-4U • 713-97-USPTA • 713-978-7780 Fax • uspta@uspta.org • www.uspta.com

<b>ICORD. CERTIFICATE OF LIABILITY INSURANCE</b>		DATE (MM/DD/YY) 09/13/2006
POLICY NUMBER: 908-782-4028 ISSUER: FAMILY FINANCIAL GROUP, INC. 270 SOUTH MAIN STREET FLEMINGTON, NJ 08822	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
ADDRESSEE: EAST COAST TENNIS FOUNDATION INC 195 45TH AVE VERO BEACH, FL 32968 0168-01	INSURERS AFFORDING COVERAGE INSURER A: CLARENDON NATIONAL INSURANCE INSURER B: ACE USA INSURER C: INSURER D: INSURER E:	NAIC #

**VERAGES**  
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

ADDRESSEE	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> ATHLETIC/SPORTS GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PER OCCUR <input type="checkbox"/> LOC	ECP 001632-01	12/31/05	12/31/06	EACH OCCURRENCE	\$ 1,000,000
				DAMAGE TO RENTED PREMISES (EA OCCURRENCE)	\$ 100,000
				MED EXP (Any one person)	\$ N/A
				PERSONAL & ADV INJURY	\$ 1,000,000
				GENERAL AGGREGATE	\$ NIL
				PRODUCTS & COMPO AGG	\$ 2,000,000
AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	ECP 001632-01	12/31/05	12/31/06	COMBINED SINGLE LIMIT (EA accident)	\$ 1,000,000
				BODILY INJURY (Per person)	\$
				BODILY INJURY (Per accident)	\$
				PROPERTY DAMAGE (Per accident)	\$
GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
				OTHER THAN AUTO ONLY:	EA ACC \$ AGG \$
EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$10,000	EUM 000466-01	12/31/05	12/31/06	EACH OCCURRENCE	\$ 1,000,000
				AGGREGATE	\$ 1,000,000
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<input type="checkbox"/> WORKERS COMPENSATION LIMITS <input type="checkbox"/> OTHER	\$
				E.L. EACH ACCIDENT	\$
				E.L. DISEASE - EA EMPLOYEE	\$
OTHER ACCIDENT/MEDICAL COVERAGE	PTPN00720264	12/31/05	12/31/06	AD&D \$25,000/ ACCIDENT MED EXCESS \$25,000/DED \$0 BENE.PERIOD 52 WEEKS /AGG \$2,000,000	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS  
 MASTER LIABILITY/ ACCIDENT INSURANCE PROGRAM. USTA FLORIDA SECTION. TENNIS LESSONS.  
 DATES: OCTOBER 16 THROUGH DECEMBER 31, 2006 LOCATION: WEST BOYNTON BEACH REC CENTER.  
 PALM BEACH COUNTY PARKS & RECREATION IS LISTED AS AN ADDITIONAL INSURED WITH RESPECT TO THE ACTIVITIES OF THE NAMED INSURED.

<b>CERTIFICATE HOLDER</b>  PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONS C/O PALM BEACH COUNTY PARKS & RECREATION 2700 6TH AVE. SOUTH LAKE WORTH, FL 33461	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE ANTHONY FRANKLIN
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ICORD 25 (2001/06)

ICORD CORPORATION 1998

*Revised*

**PALM BEACH COUNTY**  
**PARKS AND RECREATION DEPARTMENT**

**SUMMARY OF QUALIFICATIONS**  
**RECREATION INSTRUCTORS & SPORTS OFFICIALS**

SUSAN E. ALLHOUSE

Name of Recreation Service Provider/Sports Official

170-38-3916

FEL/Social Security Number

1. Which service(s) are you interested in providing? TENNIS

2. List prior work experience in providing this service: Tennis Coach

<u>Dates</u>	<u>Agency/Company</u>	<u>Representative</u>
(A) <u>2004</u>	<u>USTA - National Trainer, Clinician,</u>	
<u>to Present</u>	<u>Mentor, Schools Specialist &amp;</u>	

<u>Andy McFarland, Asst Exec. Dir.</u>	<u>386-671-8949</u>	
<u>Scope of Work</u>	<u>Co-ordinator for Region 6:</u>	<u>Contact #</u>

<u>2004</u>	<u>Palm Beach County Parks &amp; Rec</u>	
<u>to Present</u>	<u>&amp; Safe Schools Middle School</u>	
	<u>Out of School Program &amp;</u>	
	<u>Summer Camps</u>	

<u>Olivia Rogers, Safe Schools</u>	<u>561-982-0929</u>	
<u>Dates</u>	<u>Agency/Company</u>	<u>Representative</u>

(B) <u>2004</u>	<u>Palm Beach County Community</u>	
<u>to Present</u>	<u>Olympic Development Program</u>	
	<u>managed by The Palm Beach</u>	
	<u>County Sports Institute.</u>	

<u>Scope of Work</u>	<u>Middle School Out of School</u>	<u>Contact #</u>
	<u>Programs &amp; Recreational</u>	
	<u>Programs</u>	

Graham 561-733-3180  
Donna Rivera, Dir. of Finance & Administration.

(C).	<u>Dates</u>	<u>Agency/Company</u>	<u>Representative</u>

Scope of Work

Contact #

3. List any licenses/certification/education you have completed relevant to providing this service:

<u>Dates</u>	<u>License/certification/education</u>	<u>Location/Instructor</u>
30+ yrs	United States Professional Tennis Association	
30+ yrs	Professional Tennis Registry	
	Sports Science Certification	
	USTA Recreational Coach Workshop	
	Van Der Meer Tennis University + Vic Braden's Tennis College	

4. Are you or any of your employees related to anyone employed by the Palm Beach County Parks and Recreation Department?

Yes  No

If yes, give name and relationship.

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**BACKGROUND INFORMATION**

Palm Beach County Parks and Recreation Department requires all prospective contractual employees who work in any capacity to successfully pass a criminal background check prior to beginning employment. Please complete the information below and return it with your contract.

NAME: Susan E. Allsthouse  
FIRST MIDDLE LAST

Other names you have used in the past (including maiden names and nicknames):

Susan E. Allsthouse-Landmesser

DATE OF BIRTH: 1954 06 09  
YEAR MONTH DAY

RACE: (PLEASE CIRCLE) Black  White Asian  
Alaskan Native Unknown

SEX: (PLEASE CIRCLE) Male  Female

SOCIAL SECURITY NUMBER: 170-38-3916

ADDRESS: 4790 Blossom Drive  
NUMBER STREET APT#

CITY: Delroy Beach STATE: FL

ZIP CODE: 33445

ENTERED  
10/3/06

**PALM BEACH COUNTY  
PARKS AND RECREATION DEPARTMENT**

**APPLICANT DISCLOSURE (Please read carefully)**

Our agency screens prospective contractors/volunteers to evaluate whether an applicant poses a risk of harm to the youth, elderly, or individuals it serves. Information obtained is not an automatic bar to contract/volunteer service, but is considered in view of all relevant circumstances. This disclosure is required to be completed by applicants for contractual or volunteer positions in order to be considered. Any falsification, misrepresentation, or incompleteness in this disclosure alone is grounds for disqualification or termination.

APPLICANT: Susan E. Allshouse

Please print complete name

I understand I must acknowledge the existence of any criminal records relating to the following list, regardless of whether or not those records have been sealed or expunged. I understand that I am also obligated to notify Palm Beach County Parks and Recreation Department of any possible disqualifying offenses that may occur while providing services for/with Palm Beach County Parks and Recreation Department.

*Initial next to all that apply and provide a brief explanation below:*

<input type="checkbox"/>	Sections 393.135	relating to sexual misconduct with certain developmentally disabled clients
<input type="checkbox"/>	394.4593	relating to sexual misconduct with certain mental Health patients
<input type="checkbox"/>	Sections 415.111	adult abuse, neglect, or exploitation of aged person or disabled adults
<input type="checkbox"/>	741.30	domestic violence and injunction for protection (defined in 741.28) means any assault, aggravated assault, battery, aggravated battery, sexual assault, sexual battery, stalking, aggravated stalking, kidnapping, false imprisonment, etc. of a family or household member
<input type="checkbox"/>	782.04	murder
<input type="checkbox"/>	782.07	manslaughter, aggravated manslaughter of anelderly person or disabled adult, or aggravated manslaughter of a child
<input type="checkbox"/>	782.071	vehicular homicide
<input type="checkbox"/>	782.09	killing an unborn child by injury to the mother
<input type="checkbox"/>	784.011	assault, if the victim of offense was a minor
<input type="checkbox"/>	784.021	aggravated assault
<input type="checkbox"/>	784.03	battery, if the victim of offense was a minor
<input type="checkbox"/>	784.045	aggravated battery
<input type="checkbox"/>	787.01	kidnapping
<input type="checkbox"/>	787.02	false imprisonment
<input type="checkbox"/>	787.04(2)	taking, enticing, or removing a child beyond the state limits with criminal intent pending custody proceedings
<input type="checkbox"/>	787.04(3)	carrying a child beyond the state lines with criminal intent to avoid producing a child at a custody hearing or delivering the child to the designated person
<input type="checkbox"/>	790.115(1)	exhibiting firearms or weapons within 1,000 feet of a school
<input type="checkbox"/>	790.115(2b)	possessing an electric weapon or device, destructive device, or other weapon on school property
<input type="checkbox"/>	794.011	sexual battery
<input type="checkbox"/>	794.041	prohibited acts of persons in familial or custodial authority (former)
<input type="checkbox"/>	Chapter 796	prostitution
<input type="checkbox"/>	Section 798.02	lewd and lascivious behavior
<input type="checkbox"/>	Chapter 800	lewdness and indecent exposure
<input type="checkbox"/>	Section 806.01	arson
<input type="checkbox"/>	Chapter 812	felony theft and/or robbery
<input type="checkbox"/>	Sections 817.563	fraudulent sale of controlled substances, if the offense was a felony
<input type="checkbox"/>	825.102	abuse, aggravated abuse, or neglect of disabled adults or elderly persons
<input type="checkbox"/>	825.1025	lewd or lascivious offenses committed upon or in the presence of an elderly person or disabled adult
<input type="checkbox"/>	825.103	exploitation of disabled adults or elderly persons, if the offense was a felony

_____	826.04	incest
_____	827.03	child abuse, aggravated child abuse, or neglect of a child
_____	827.04	contributing to the delinquency or dependency of a child
_____	827.05	negligent treatment of children
_____	827.071	sexual performance by a child
_____	843.01	resisting arrest with violence
_____	Chapter 847	obscene literature
_____	Section 847.05(1)	encouraging or recruiting another to join a criminal gang
_____	Chapter 893	drug abuse prevention and control only if the offense was a felony or if any other person involved in the offense was a minor
_____	Section 985.4045	sexual misconduct in juvenile justice programs

Explanation: (Provide details of any items initialed above. Attach another sheet if necessary.)

<u>Description</u>	<u>Dates</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

The above statements are true and complete to the best of my knowledge.

INITIAL: SCC

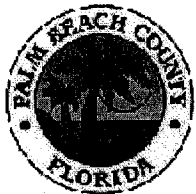
By signing this section, I affirm that I have not been charged, found guilty or entered a plea of guilty or nolo contendere (no contest), regardless of the adjudication, to any of the foregoing charges under the provisions of the Florida Statutes or under any similar statute of another jurisdiction. I also affirm that I do not have a delinquency record that is similar to any of these offenses.

*Susan C. Allhouse*
9-26-2006  
 Applicant's Signature Date

**OR**

By signing this section, I declare that my record may contain one or more of the foregoing Disqualifying charges, acts or offences and that the explanation I have provided is complete and true with regard to any of the above charges under the provisions of the Florida Statutes or under any similar statute of another jurisdiction.

Applicant's Signature Date



Palm Beach County  
Parks and Recreation Dept.

DATE : 10/23/2006

Contract Tracking System 0000001279

**CONTRACT INFORMATION**

Active

**KAR01073001006530300A**

Certificate of Insurance

NAME : KAROLINKO, CAROLINE  
 VENDOR CODE: KAR0107300  
 INSTRUCTOR: SYNCHRONIZED SWIMMING COACH  
 ACCOUNT NUMBER : 0001-580-5303-00-3422  
 LOCATION: AQUA CREST POOL  
 PROGRAM: SWIMMING

CONTRACT DATE : 10/16/2006  
 START DATE : 10/16/2006  
 END DATE : 04/17/2007

CONTRACT AMOUNT :	8,750.00	REVENUE AMOUNT:	8,750.00
USED AMOUNT :	0.00	USED AMOUNT :	0.00
AMOUNT LEFT :	8,750.00	AMOUNT LEFT :	8,750.00

**ASSIGNED CATEGORIES:**

SYNCHRONIZED SWIMMING 0.80 Pct



**SPECIAL FACILITIES & BEACHES**

ACCOUNT: 0001-580-5303-3422

VENDOR CODE:

CONTRACT:

PC: *ja*

PS: *DHL*

CC: *LB*

CA: *Q.H.*

DD: *[Signature]*

**INDEPENDENT CONTRACTOR AGREEMENT FOR  
PALM BEACH COUNTY PARKS & RECREATION DEPARTMENT**

This Agreement is made as of the 16 day of Oct., 2006, by and between the Board of County Commissioners of Palm Beach County, Florida, hereinafter referred to as the "COUNTY" and Caroline Karolinko, an Independent Contractor, hereinafter referred to as "CONTRACTOR".

**WITNESSETH:**

**WHEREAS**, the COUNTY desires to make available (a) US Synchronized Swimming program, and desires to contract with CONTRACTOR to provide a specific service for that program; and.

**WHEREAS**, the COUNTY and CONTRACTOR desire to clarify and define their responsibilities with regard to providing said program.

**NOW THEREFORE**, in consideration of the mutual covenants and promises contained herein, the COUNTY and CONTRACTOR hereby agree as follows:

1. **Term:** The class, activity or service will begin on October 16, 2006 and will meet thereafter with the termination date of this agreement being April 17, 2007.
2. **Fees:** Palm Beach County Parks and Recreation Department, on behalf of COUNTY, shall collect all fees and charges from participants. The fee(s) charged by the COUNTY for this class or activity (is) (are): \$55.00-75.00 per participant per month. Revenue Account No. 0001-580-5303-4724-02.
3. **Payments To Contractor:**
  - a. The total amount to be paid by the COUNTY under this Contract for all services and materials shall not exceed a total contract amount of Eight Thousand Seven Hundred and Fifty Dollars (\$8,750.00). The CONTRACTOR shall notify the COUNTY's representative in writing when 90% of the "not to exceed amount" has been reached. The CONTRACTOR will bill the COUNTY on a bi-weekly basis per the attached schedule of payments, or as otherwise provided in Exhibit "B" for services rendered toward the completion of the Scope of Work. Where incremental billings for partially completed items are permitted, the total billings shall not exceed the estimated percentage of completion as of the billing date.
  - b. The CONTRACTOR's fee shall be the sum of \$ N/A or 80% of the paid enrollment fees for the class or activity.
4. **Specific Details:**
  - a. Type of service/instructor: US Synchronized Swimming Head Coach
  - b. Name of class or activity: US Synchronized Competitive Swimming Program
  - c. Day(s)/Date(s) Scheduled: Monday-Sunday
  - d. Time Scheduled: Monday-Thursday, 5:30pm-7:30pm, Saturday, 10:00am-1:00pm, Sunday, 10:00am-1:00pm.
  - e. Location: Aqua Crest Pool.
  - f. A minimum of 12 and a maximum of 60 paid enrollments must be received by the COUNTY prior to

**received**  
10/13/06

commencement of the class or activity. COUNTY reserves the right to cancel each class or activity which does not have the specified minimum number of participants registered.

5. **Independent Contractor Status:** It is specifically understood that the CONTRACTOR is an independent contractor and not an employee of the COUNTY. The COUNTY and CONTRACTOR agree that this Agreement is not a contract of employment and that no relationship of Employer/Employee or Principal/Agent is or shall be created hereby nor shall hereafter exist by reason of the performance of the services herein specified.
6. **Taxes:** It is acknowledged and agreed by the COUNTY and CONTRACTOR that the service herein provided by the CONTRACTOR is a professional service and that the COUNTY is neither paying Social Security benefits nor withholding taxes from the CONTRACTOR's compensation for said service. The CONTRACTOR assumes all liability and responsibility for payment of his/her own FICA and Social Security benefits with respect to this Agreement.
7. **Termination:** The COUNTY may terminate this Agreement at any time upon written notice to the CONTRACTOR and the CONTRACTOR may terminate this Agreement upon written notice mailed to the COUNTY at least thirty (30) working days prior to the CONTRACTOR's departure date.
8. **Subcontracting:** The CONTRACTOR may not, without written approval of the COUNTY, subcontract or assign any rights, responsibilities or obligations under this Agreement.
9. **Performance:**
  - a. CONTRACTOR agrees to:
    1. Perform the services set forth herein in accordance with all applicable association/governing body rules and regulations, and in a competent, professional, safe, and responsible manner with full regard for the safety of the participants as well as the facility.
    2. No person other than the CONTRACTOR or a qualified employee of the CONTRACTOR shall be engaged to provide the services provided for in this Agreement.
    3. Provide written activity plans for each class or activity for which the CONTRACTOR is responsible.
    4. Provide and maintain, in proper working order, all necessary equipment specified to conduct the services provided for in this agreement.
    5. Inspect the activity site prior to beginning each class or activity in accordance with safety standards as explained in the CONTRACTOR's orientation program. Should a safety condition exist at a facility, CONTRACTOR should report said condition immediately to the County Representative and postpone said class or activity until the condition is addressed.
    6. Inspect the activity site after the class or activity is concluded to assure that the facility is left in the condition in which it was found.
    7. Utilize his or her own methods and procedures toward a result which shall be in accordance with the purposes, intent and objectives of the COUNTY in providing such recreational class or activity.
    8. Provide the County Representative with 14 days notice of all schedule conflicts/changes.
    9. CONTRACTOR shall immediately notify the County Representative of any unanticipated absences such as personal/family illnesses.
  - b. COUNTY agrees to:
    1. Maintain the facilities in proper working order.
    2. Conduct registration, collect participation fees and process class transfers or refunds for any and all programs and registrants.

3. Provide class/activity rosters to the CONTRACTOR for distribution.
4. Publicize the class or activity through the Leisure Times and public service announcements.
10. **Exhibits:** If any additional provisions are applicable to the class or activity as provided for herein, CONTRACTOR and COUNTY may attach applicable Exhibit(s). If any additional requirements such as specialty certifications, licenses and/or memberships applicable to the class or activity are required CONTRACTOR and COUNTY may attach applicable Exhibit(s). The CONTRACTOR's proposal should also be included as an Exhibit to this Agreement. All Exhibits shall be incorporated into and made a part hereof.

11. **County Representative:** The County Representative for this CONTRACT is:

Joseph T. McNeeley, Aqua Crest Facility Manager PH:561-278-7104

12. **Indemnification:** The CONTRACTOR shall protect, defend, reimburse, indemnify and hold COUNTY, its agents, servants, employees and elected officers harmless from and against any and all claims, liability, losses, expense, cost, damages and/or causes of action of every kind or character, including attorney's fees and costs, whether at trial or appellate levels or otherwise, which may arise from any and all acts or omissions of the CONTRACTOR during the performance of the CONTRACTOR's service under this Agreement.
13. **Notices:** All notices required in this Agreement shall be hand delivered or sent by certified mail, return receipt requested, if sent to the COUNTY shall be mailed to:

Director of Special Facilities & Beaches  
Palm Beach County Parks and Recreation Department  
2700 Sixth Avenue South  
Lake Worth, FL 33461

and if sent to the CONTRACTOR shall be mailed to:

CONTRACTOR'S Name: Caroline Karolinko

CONTRACTOR'S Address: 6293 Country Fair Circle Boynton Beach, FL., 33437

CONTRACTOR'S Phone No. 561.364.8268 Cell # 561.706.7880

14. **Remedies:** This Agreement shall be governed by the laws of the State of Florida. Any legal action necessary to enforce this Agreement shall be held in Palm Beach County. Nothing herein shall be construed as creating any personal liability on the part of any officer or agent of the COUNTY, or shall it be construed as giving any rights or benefits hereunder to anyone other than the COUNTY and the CONTRACTOR.
15. **Availability of Funds:** The COUNTY's performance and obligation to pay under this Agreement for subsequent fiscal year's is contingent upon annual appropriations for its purpose by the Board of County Commissioners.
16. **Arrears:** The CONTRACTOR shall not pledge the COUNTY'S credit or make it a guarantor of payment or surety for any contract, debt, obligation, judgment, lien, or any form of indebtedness. The CONTRACTOR further warrants and represents that it has no obligation or indebtedness that would impair its ability to fulfill the terms of this Agreement.
17. **Public Entity Crimes:** As provided in F.S. 287.132-133, by entering into this Agreement or performing any work in furtherance hereof, the CONTRACTOR certifies that it, its affiliates, suppliers, subcontractors and consultants who will perform hereunder, have not been placed on the convicted vendor list maintained by the State of Florida Department of Management Services within the 36 months immediately preceding the date hereof. This notice is required by F.S. 287.133(3)(a).
18. **Criminal History Records Check:** The CONTRACTOR shall comply with the provisions of Ordinance 2003-030, the Criminal History Records Check Ordinance ("Ordinance"), if CONTRACTOR'S employees or subcontractors are required under this Agreement to enter a "critical facility" as identified in Resolution R-2003-1274. The CONTRACTOR acknowledges and agrees that all employees and subcontractors who are to enter a "critical facility" will be subject to a fingerprint based criminal history records check. Although COUNTY agrees to pay for

all applicable FDLE/FBI fees required for criminal history records check, the CONTRACTOR shall be solely responsible for the financial, schedule, and staffing implications associated in complying with Ordinance 2003-030.

- 19. **Severability:** If any term or provision of this Agreement, or the application thereof to any person or circumstances shall, to any extent, be held invalid or unenforceable, the remainder of this Agreement, or the application of such terms or provision, to persons or circumstances other than those as to which it is held invalid or unenforceable, shall not be affected, and every other term and provision of this Agreement shall be deemed valid and enforceable to the extent permitted by law.
- 20. **Entirety of Contractual Agreement:** The COUNTY and the CONTRACTOR agree that this Agreement sets forth the entire agreement between the parties, and that there are no promises or understandings other than those stated herein. None of the provisions, terms and conditions contained in this Agreement may be added to, modified, superseded or otherwise altered, except by written instrument executed by the parties hereto.

IN WITNESS WHEREOF, the parties have set their hands and seals in the date first above written.

**PALM BEACH COUNTY WITNESS**

Nancy Beale  
SIGNATURE

Nancy Beale  
NAME (TYPE OR PRINT)

**CONTRACTOR WITNESS**

J. T. McNeely  
SIGNATURE

Joseph T. McNeely  
NAME (TYPE OR PRINT)

**PALM BEACH COUNTY**

[Signature]  
DEPARTMENT DIRECTOR / ASSISTANT DIRECTOR

\_\_\_\_\_  
COUNTY ADMINISTRATOR (IF CONTRACT VALUE EXCEEDS \$10,000)

**INDEPENDENT CONTRACTOR**

Caroline A. Karolinko  
SIGNATURE

Caroline A. Karolinko  
NAME & TITLE (TYPE OR PRINT)

APPROVED AS TO FORM AND  
LEGAL SUFFICIENCY.

Anne Delzant  
COUNTY ATTORNEY

## **SCOPE OF SERVICES**

**The basic requirements for the US Synchronized Swimming Head Coach (CONTRACTOR) are as follows:**

The CONTRACTOR shall provide these services during the term of this contract in compliance with all terms of the agreement. If any conflict arises, this Scope of Services will supercede.

### **A. Scope of Work**

The CONTRACTOR has the responsibility of training swimmers in preparation for competitive fitness and open water swimming events. CONTRACTOR will be responsible for organizing and supervising a USSS program in accordance with USSS standards and the approved USSS rule book. CONTRACTOR is responsible for daily training. Participants will be supervised during a variety of exercises, swimming drills, and instructional sessions.

Palm Beach County Parks and Recreation Department desires to serve all constituents of the public by providing programming for ages 18 and over and all skills levels.

Immediately upon arrival at the facility, if pool staff is not present, inspect the site prior to beginning any activity. CONTRACTOR will be required to make decisions regarding safe weather and water conditions, and will be expected to cancel or postpone practice sessions when conditions are unsafe.

If chemical levels are not reading between 1.5-3.0 for chlorine and 7.2-7.6 for pH, swimmers should not enter the pool. Location of the test kit, training in its use, and access to it will be made available to the CONTRACTOR. Should any other safety condition exist at the facility, the CONTRACTOR will report said condition to the facility manager immediately upon the manager's arrival at the facility. If the condition creates a risk to the participants or spectators, the activity will be postponed until corrective action has been completed.

CONTRACTOR shall be provided with and follow established CRITICAL INCIDENT PROCEDURES/ EMERGENCY ACTION PLANS should a serious incident or injury occur at the facility.

CONTRACTOR will work within the aquatic chain-of-command: Facility Manager, Aquatic Program Coordinator, Aquatics Supervisor and Special Facilities and Beaches Director as outlined in Exhibit A. CONTRACTOR will work with and maintain open dialogue with the facility manager regarding program needs, program changes, additions or removals, or problems with the facility or equipment, by general daily interaction and scheduled meetings as needed.

CONTRACTOR will ensure that all participants be instructed in the pool rules and safety procedures to ensure that risk of injury or accidents is minimized. During facility operational hours program participants will obey all pool rules. CONTRACTOR will ensure that either the contractor or designated sub-contractor with American Red Cross Safety Training for Swim Coaches certification, First Aid; CPR (equivalent or higher training) and a first aid kit is available on deck at

all times. Perform the services set forth herein in a competent, professional, safe and responsible manner with full regard for the safety of the participants as well as for the facility.

CONTRACTOR will provide responses to public questions and requests for program information and membership details. CONTRACTOR shall display effective and respectful behavior in all public contacts while performing contracted services.

CONTRACTOR will provide the facility manager with 14 days notice of all anticipated conflicts, schedule changes, and or absences. The CONTRACTOR shall immediately notify the facility manager of any unanticipated absences. The County will provide the CONTRACTOR with 14 days notice of anticipated events that would affect the scheduled practices or approved activities.

CONTRACTOR will provide copies of any literature pertaining to the USSS swim team to the facility manager and obtain approval from the facility manager for all activities at the facility other than permitted practice times.

Adhere to all applicable COUNTY policies and procedures.

CONTRACTOR will provide the facility manager a monthly list with registered USS participants containing the following information: first name; last name; age and sex. All changes to this information must be made monthly and provided to the facility manager on the first of each month.

CONTRACTOR will provide facility manager with daily attendance figures for each month on the last day of each month.

CONTRACTOR will secure necessary timers, meet officials, and volunteers for the set up, running, take down and clean up for all swim meets hosted by the Synchronized Swimming team.

#### B. Use of Premises

The facility, when permitted by the COUNTY to the CONTRACTOR for the USS competitive swimming program, shall not be permitted by the Contractor, for use to any other organization or group during their permitted time.

CONTRACTOR will submit written requests for facility space to the facility manager on an annual basis. Said requests shall be reviewed by the facility manager and request for said usage shall not be unreasonably withheld. At a minimum, submit to the facility manager quarterly, proposed pool needs and activity schedules. The facility manager will review said schedule and after considering the needs of the general public and other program offerings at the facility make reasonable changes thereto, or agree to the schedule as proposed.

Ensure proper use and care of all equipment by CONTRACTOR and program participants.

Ensure that the facility is utilized properly and as scheduled, left clean and that opening and closing procedures are followed. The CONTRACTOR shall also close and secure the facility each evening if the program conclusion is after operational hours.

**CONTRACTOR** will inform the facility manager immediately via e-mail, telephone or in person of any equipment malfunction or failure.

The Parks and Recreation Department may authorize the closing of the pool during necessary repair work or in the event of severe weather. In these instances the pool will remain closed until the COUNTY authorizes its reopening.

**C. Personnel**

The **CONTRACTOR** will not have any other personnel other than themselves as the coach.

**D. Program Fees & Charges**

The Palm Beach County Parks and Recreation Department, on behalf of the COUNTY, shall collect all program fees and charges from participants. All program fees and charges will be made payable to: **Board of County Commissioners**. The COUNTY will provide the **CONTRACTOR** with bi-weekly reports updating participant's payment status. **CONTRACTOR** shall assist COUNTY with the collection of fees.

Any and all monthly program rate change must be approved in writing in advance by the Director of the Parks and Recreation Department.

**E. Payments To Contractor**

Payment shall be made to the **CONTRACTOR** by the COUNTY when invoiced but no more than once every two weeks per the approved payment proposal. Payments will be made only for the current month of service, there will be no advanced payment for services.


Jennifer Anglin - (no subject)

---

**From:** <Sunyd54@aol.com>  
**To:** <Sunyd54@aol.com>  
**Date:** 10/18/2006 10:51:38 AM  
**Subject:** (no subject)

---

Your Temporary Membership Card:

	Member #: 390
<b>United States Synchronized Swimming Member</b>	
This Certifies that <b>Caroline Karolinko</b> is a duly registered <b>Lifetime</b>	
Birth Date: 11/27/1985	Expires: 9/30/2106





**PALM BEACH COUNTY**  
**PARKS AND RECREATION DEPARTMENT**

**SUMMARY OF QUALIFICATIONS**  
**TEMPORARY RECREATION INSTRUCTORS**

Name of Recreation Service Provider \_\_\_\_\_ Social Security Number 149-86-4893

1. Which service(s) are you interested in providing? Head Coach

2. List prior work experience in providing this service:

<u>Dates</u>	<u>Agency/Company</u>	<u>Supervisor</u>
<u>8/1995-2006</u>	<u>Palm Beach Coralites</u>	<u>Synchro Swimmer</u>
<u>2004-2006</u>	<u>Palm Beach</u>	<u>Asst. Coach - Jackie Barrett</u>
<u>2004-present</u>	<u>Level 6F</u>	<u>NATIONAL Judge</u>

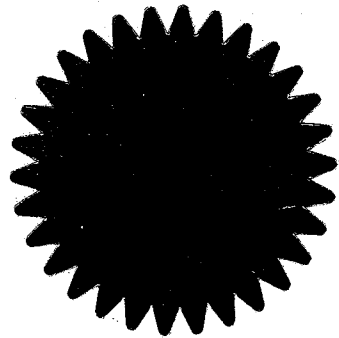
<u>Dates</u>	<u>Agency/Company</u>	<u>Supervisor</u>

<u>Dates</u>	<u>Agency/Company</u>	<u>Supervisor</u>

This Award Presented to

**CAROLINE KAROLINKO**

**Certificate of Achievement**  
**for Excellent Participation in**  
**SCamp 2005**



*Chris Carver*

Chris Carver, Head Coach SCA





INSTRUCTOR CERTIFICATE

Name CAROLINE KAROLINKO

HAS COMPLETED THE INSTRUCTOR COURSE IN  
WATER SAFETY INSTRUCTOR

Name of Course  
AT PALM BEACH COUNTY CHAPTER  
Name of Facility or Organization Where Course Was Conducted

WEST PALM BEACH, FL 33401  
City and State

12-31-05  
Expiration Date

[Signature]  
Signature of Instructor Trainer

Mo. Day Yr. 11 27 95 (567 364-8268)  
Date of Birth Home Telephone No. Business Telephone No.  
6293 COUNTRY FAIR CIR.  
Home Address  
BOYNTON BEACH, FL 33437  
City, State, ZIP Code

Business Name  
Business Address  
City, State, ZIP Code

As an authorized American Red Cross instructor, I agree to conduct courses in accordance with requirements and procedures established by the American Red Cross.

Caroline Karolinko 149-86-4893  
Signature of Instructor Social Security No.

INSTRUCTOR TRAINER COMPLETES THIS SECTION

Any alterations to this certificate other than those allowed by national policy make this certificate null and void.

INSTRUCTOR COURSE: Show completion and expiration dates below. The expiration date for courses completed January-September is the year of the second December 31 following the course completion date. For courses completed October-December, use the year of the third December 31 following the course completion date.

11-14-03 Date Certificate Expires: December 31, 2005  
Course Completion Date

INSTRUCTOR REVIEW COURSE: Show the completion date only. Write the word "Review" on Expiration Date line in the upper left section of this form.

Review Course Completion Date

Unit in Which the Instructor Who Is "Reviewed" Is Currently Authorized  
Current Certificate Expires: December 31, \_\_\_\_\_

A copy of this record will be filed for five (5) years at the location noted below. (Your instructor trainer will provide this information.)

PALM BEACH COUNTY CHAPTER  
Instructor Trainer's Unit of Authorization

825 FERN STREET  
Street Address

WEST PALM BEACH, FL 33401  
City, State, ZIP Code

Red Cross Unit Where Course Was Conducted (If different from above)

David Beck / Thatcher - Robertson  
Name of Instructor Trainer (Print)

INSTRUCTOR CANDIDATE

**Level IV-F: Regional Figure Judge**

**Rebecca Bascom  
Danielle Dugan  
Barbara Eng  
Ellen Faulhaber  
Lauren Foster  
Kristen Fullerton  
Lorette Haynes**

**May Hoffman  
Lynn Hovde  
Ashley Johnson  
Caroline Karolinko  
Mary McKinney  
Claudia Parliament  
Mary Pursell  
Tatania Snegour**

*Caroline Karolinko as of September  
15, 2006 is USSS Level 6 F rated  
Judge. Website not updated  
as of Sept 30, 2006.*



INSTRUCTOR CERTIFICATE

Name Jacqueline F Barrett

HAS COMPLETED THE INSTRUCTOR COURSE IN  
Name of Course Water Safety

AT PALM BEACH COUNTY CHAPTER  
Name of Facility or Organization Where Course Was Conducted  
WEST PALM BEACH, FL. 33401  
City and State

Expiration Date 12-31-03  
Signature of Instructor Trainer Helena Khoshnevis

Mo. Day Yr. 7 15 54 (561) 364-8268 (561) 483-9282  
Date of Birth Home Telephone No. Business Telephone No.  
6293 Country Fair Circ.  
Home Address  
Boynton Beach, FL 33437  
City, State, ZIP Code  
Regents Park of Boca Raton  
Business Name  
6363 Verde Tr.  
Business Address  
Boca Raton, FL  
City, State, ZIP Code

As an authorized American Red Cross instructor, I agree to conduct courses in accordance with requirements and procedures established by the American Red Cross.  
Signature of Instructor Jacqueline F Barrett Social Security No. 137-50-0896

INSTRUCTOR TRAINER COMPLETES THIS SECTION

Any alterations to this certificate other than those allowed by national policy make this certificate null and void.  
INSTRUCTOR COURSE: Show completion and expiration dates below. The expiration date for courses completed January-September is the year of the second December 31 following the course completion date. For courses completed October-December, use the year of the third December 31 following the course completion date.  
Course Completion Date 06-05-02 Date Certificate Expires: December 31, 2003  
INSTRUCTOR REVIEW COURSE: Show the completion date only. Write the word "Review" on Expiration Date line in the upper left section of this form.  
Review Course Completion Date \_\_\_\_\_  
Unit in Which the Instructor Who Is "Reviewed" Is Currently Authorized \_\_\_\_\_ Current Certificate Expires: December 31, \_\_\_\_\_

INSTRUCTOR CANDIDATE

A copy of this record will be filed for five (5) years at the location noted below. (Your instructor trainer will provide this information.)  
PALM BEACH COUNTY CHAPTER  
Instructor Trainer's Unit of Authorization  
825 FERN STREET  
Street Address  
WEST PALM BEACH, FL. 33401  
City, State, ZIP Code  
Red Cross Unit Where Course Was Conducted (If different from above)  
Michael A. Lampert / Helena Khoshnevis  
Name of Instructor Trainer (Print)

American Red Cross  
We'll be there.



This recognizes that  
**Jacqueline F Barrett**  
has completed the requirements for  
**Fundamentals of Instructor Training**

conducted by  
**PALM BEACH CO FLA**  
Date completed **05/13/2002**

The American Red Cross recognizes this certificate  
as valid for **1** year(s) from completion date.




American Red Cross



**HEALTH AND SAFETY SERVICES  
INSTRUCTOR AUTHORIZATION**

Jacqueline Barrett  
is authorized as an instructor in  
**Safety Training For  
Swim Coaches**  
by the

**Greater Palm Beach Area**  
This authorization expires  
**December 31, 2007**

*Norman R. Augustine*  
Chairman, American Red Cross

*Michael J. Smith*  
Instructor's Signature

Chapter  
**PALM BEACH COUNTY**

*Jacqueline F Barrett*  
Holder's Signature

Cert. 69-1090 (Rev. Feb. 1999)

**EXTENDED AUTHORIZATION**

Name of unit \_\_\_\_\_ State \_\_\_\_\_ Signature, Unit Rep. \_\_\_\_\_

1 \_\_\_\_\_

2 \_\_\_\_\_

*Linda Chen*  
Signature of Unit Representative

*Jacqueline F Barrett*  
Signature of Authorized Instructor

*Norman R. Augustine*  
Chairman, American Red Cross

Cert. 3005 (Rev. June 1997)

©2000 American Heart Association  
Tampering with this card will alter its appearance. 70-2915


AHA  
Region  
FLORIDA

Community  
Training Center  
Boca Raton Comm. Hosp.

Training  
Site  
Boca Raton Comm. Hosp.

Instructor  
B. Lea, D. Lea, L. Cereone

Holder's  
Signature  
*Jacqueline Barrett*

American Heart Association   
*Learn and Live.*

## Healthcare Provider

**Jacqueline Barrett**

This card certifies that the above individual has successfully completed the national cognitive and skills evaluations in accordance with the curriculum of the American Heart Association for the BLS for Healthcare Providers (CPR & AED) Program.

Issue Date Sept. 2006

Recommended Renewal Date Sept. 2008



MAIL TO: Palm Beach County  
 Board of Commissioners  
 Purchasing Department  
 Attention: Vendor Registration Desk  
 50 South Military Trail, Suite 110  
 West Palm Beach, FL 33415-3199  
 Phone: (561) 616-6800 Fax: (561) 616-6811  
 Web Address: www.pbcgov.com/pur

(Vendor Code to be assigned by P.B.C.)

**VENDOR REGISTRATION FORM**  
 PLEASE TYPE OR PRINT IN BLACK INK

New Registration       Change of Information

Headquarters(Legal Name) of Company: CAROLINE KAROLINKO  
(Must match name to which Federal I.D. or Taxpayer ID is assigned.)

Alias/D/B/A (Doing-Business-As) Name: \_\_\_\_\_  
(List your D/B/A or fictitious name only if applicable.)

Organization Type: Individual  Company

Taxpayer ID: List your Federal ID (IRS W-9 Form) or Taxpayer ID Number? 149-86-4893

1. Please list below your Headquarters address information: \_\_\_\_\_

Address: 6293 Country Fair Circle

City: Boynton Beach State/Province: FL

Zip/Postal Code: 33437 Country: USA

Main Phone Number: 561-706-7880

Contact Name: Caroline Karolinko E-mail Address: Synchro48@aol.com  
(E-mail Address may be used for Orders/Contracts)

Contact Phone Number: 561-706-7880 Alternate Phone Number: 561-364-8268

Contact Fax Number: \_\_\_\_\_ Alternate Fax Number: \_\_\_\_\_

2. Please list below your payment address/accounts receivable department information addresses if necessary, or check here if  Same as Headquarters:

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

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Main Phone Number: \_\_\_\_\_

Contact Name: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

Contact Fax Number: \_\_\_\_\_ Alternate Fax Number: \_\_\_\_\_

3. Please list below your order processing department information and attach additional addresses if necessary, or check here if  Same as Headquarters:



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

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Main Phone Number: \_\_\_\_\_

Contact Name: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
(E-mail Address may be used for Orders/Contracts)

Contact Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

Contact Fax Number: \_\_\_\_\_ Alternate Fax Number: \_\_\_\_\_

4. Licenses and Certifications:

Palm Beach County Occupational License Number: \_\_\_\_\_  
(Contact the Palm Beach County Tax Collector's Office (561) 355-2272.)

List Others: Type: \_\_\_\_\_ Number: \_\_\_\_\_

Type: \_\_\_\_\_ Number: \_\_\_\_\_

5. List Company Officers or Principals Who Are Palm Beach County Employees or are Related to Palm Beach County Employees:

Name: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Name: \_\_\_\_\_ Position/Title: \_\_\_\_\_

6. List Company Officials:

Name: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Name: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Name: \_\_\_\_\_ Position/Title: \_\_\_\_\_

7. Are you interested in being Certified as a Small Business Enterprise or a Minority-Owned Business? [ ] YES  
[x] NO  
For more information, please contact the Palm Beach County Office of Small/Minority/Women Business Assistance at (561) 616-6840

8. Affix Authorized Signature of Company Officer or Principal (Required for Registration):

Print Name: Caroline Karolinko Title: \_\_\_\_\_

Signature: Caroline Karolinko Date: 9/29/06

This section is to be completed by Purchasing: Is this vendor interested in SBE or Minority Certification? [ ] YES [ ] NO  
If yes, date copy forwarded to OSBA: \_\_\_\_\_

Tarke & Rec.

**BACKGROUND INFORMATION**

Palm Beach County Parks and Recreation Department requires all prospective contractual employees who work in any capacity to successfully pass a criminal background check prior to beginning employment. Please complete the information below and return it with your contract.

NAME: Caroline Anne Karolinko  
FIRST MIDDLE LAST

Other names you have used in the past (including maiden names and nicknames):  
\_\_\_\_\_

DATE OF BIRTH: 1985 NOVEMBER 27  
YEAR MONTH DAY

RACE: (PLEASE CIRCLE) Black   White Asian  
Alaskan Native  Unknown

SEX: (PLEASE CIRCLE) Male   Female

SOCIAL SECURITY NUMBER: 149-86-4893

ADDRESS: 6293 Country Fair Circle  
NUMBER STREET APT#

CITY: Boynton Beach STATE: FL

ZIP CODE: 33437

ENTERED  
10/3/06

**CERTIFICATE OF INSURANCE**

1294645

ISSUE DATE (MM/DD/YY)  
10/11/06

**PRODUCER**

K & K Insurance Group, Inc.  
1712 Magnavox Way  
P.O. Box 2338  
Fort Wayne, In 46801

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

**COMPANIES AFFORDING COVERAGE**

**INSURED**

UNITED STATES SYNCHRONIZED SWIMMING, INC  
PAN AMERICAN PLAZA  
201 S. CAPITOL AVE., SUITE 901  
INDIANAPOLIS, IN 46225

COMPANY A NATIONWIDE LIFE INSURANCE COMP  
LETTER  
COMPANY B GREAT AMERICAN ASSURANCE COMPA  
LETTER  
COMPANY C  
LETTER

**COVERAGES**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO. LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS (in thousands)														
B	<b>General Liability</b> <input checked="" type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Made <input checked="" type="checkbox"/> Occur. <input type="checkbox"/> Owner's & contractors Prot. <input type="checkbox"/> _____	MAC0568915902	12:01AM 10/01/06	12:01AM 10/01/07	<table border="1"> <tr><td>General Aggregate</td><td>\$ NONE</td></tr> <tr><td>Products-Comp/Ops Aggregate</td><td>\$ 1000</td></tr> <tr><td>Personal &amp; Advertising Injury</td><td>\$ 1000</td></tr> <tr><td>Each Occurrence</td><td>\$ 1000</td></tr> <tr><td>Fire Damage (Any one fire)</td><td>\$ 300</td></tr> <tr><td>Medical Expense (Any one person)</td><td>\$ 5</td></tr> <tr><td>Participant Legal Liability</td><td>\$ 1000</td></tr> </table>	General Aggregate	\$ NONE	Products-Comp/Ops Aggregate	\$ 1000	Personal & Advertising Injury	\$ 1000	Each Occurrence	\$ 1000	Fire Damage (Any one fire)	\$ 300	Medical Expense (Any one person)	\$ 5	Participant Legal Liability	\$ 1000
General Aggregate	\$ NONE																		
Products-Comp/Ops Aggregate	\$ 1000																		
Personal & Advertising Injury	\$ 1000																		
Each Occurrence	\$ 1000																		
Fire Damage (Any one fire)	\$ 300																		
Medical Expense (Any one person)	\$ 5																		
Participant Legal Liability	\$ 1000																		
B	<b>Automobile Liability</b> <input type="checkbox"/> Any auto <input type="checkbox"/> All owned autos <input type="checkbox"/> Scheduled autos <input checked="" type="checkbox"/> Hired autos <input checked="" type="checkbox"/> Non-owned autos <input type="checkbox"/> Garage Liability <input type="checkbox"/> _____	MAC0568915902	12:01AM 10/01/06	12:01AM 10/01/07	<table border="1"> <tr><td>Combined Single Limit</td><td>\$ 1000</td></tr> <tr><td>Bodily Injury (per person)</td><td>\$</td></tr> <tr><td>Bodily Injury (per accident)</td><td>\$</td></tr> <tr><td>Property Damage</td><td>\$</td></tr> </table>	Combined Single Limit	\$ 1000	Bodily Injury (per person)	\$	Bodily Injury (per accident)	\$	Property Damage	\$						
Combined Single Limit	\$ 1000																		
Bodily Injury (per person)	\$																		
Bodily Injury (per accident)	\$																		
Property Damage	\$																		
	<b>Excess Liability</b> <input type="checkbox"/> Other than Umbrella form				<table border="1"> <tr><td>Each Occurrence</td><td>\$</td><td>Aggregate</td><td>\$</td></tr> </table>	Each Occurrence	\$	Aggregate	\$										
Each Occurrence	\$	Aggregate	\$																
	<b>Workers' Compensation and Employers' Liability</b>				<table border="1"> <tr><td colspan="2">Statutory</td></tr> <tr><td>\$</td><td>Each Accident</td></tr> <tr><td>\$</td><td>Disease-Policy Limit</td></tr> <tr><td>\$</td><td>Disease-Each Employee</td></tr> </table>	Statutory		\$	Each Accident	\$	Disease-Policy Limit	\$	Disease-Each Employee						
Statutory																			
\$	Each Accident																		
\$	Disease-Policy Limit																		
\$	Disease-Each Employee																		
A	<b>Participant Accident</b>	SPX0002318500	12:01AM 10/01/06	12:01AM 10/01/07	<table border="1"> <tr><td>AD&amp;D</td><td>\$ 10</td></tr> <tr><td>Primary Medical</td><td>\$ NONE</td></tr> <tr><td>Excess Medical</td><td>\$ 5</td></tr> <tr><td>Weekly Indemnity</td><td>\$ X NONE</td></tr> </table>	AD&D	\$ 10	Primary Medical	\$ NONE	Excess Medical	\$ 5	Weekly Indemnity	\$ X NONE						
AD&D	\$ 10																		
Primary Medical	\$ NONE																		
Excess Medical	\$ 5																		
Weekly Indemnity	\$ X NONE																		

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/RESTRICTIONS/SPECIAL ITEMS**

CLUB: PALM BEACH CORALYTES  
LOCATION: BOYNTON BEACH, FL  
\*SEE ATTACHED ADDENDUM FOR ADDITIONAL INSURED.

EFF. DATE: 10/01/06

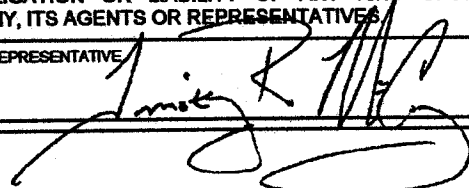
**CERTIFICATE HOLDER**

THIS VOIDS/REPLACES CERT.#1292016.  
  
MAIL TO: PALM BEACH CORALYTES  
C/O JACQUELINE F BARRET  
6293 COUNTRY FAIR CIRCLE  
BOYNTON BEACH, FL 33437

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE



A D D E N D U M   P A G E   F O R   C E R T I F I C A T E

K & K   I N S U R A N C E   G R O U P ,   I N C .

C E R T I F I C A T E :      1 2 9 4 6 4 5

D A T E   I S S U E D :      1 0 / 1 1 / 0 6

A C C O U N T   N A M E :   U N I T E D   S T A T E S   S Y N C H R O N I Z E D   S W I M M I N G ,   I N C

T Y P E   O F   I N S U R A N C E :

P O L I C Y   N U M B E R :

G E N E R A L   L I A B I L I T Y

M A C 0 5 6 8 9 1 5 9 0 2

A U T O M O B I L E   L I A B I L I T Y

M A C 0 5 6 8 9 1 5 9 0 2

P A R T I C I P A N T   A C C I D E N T

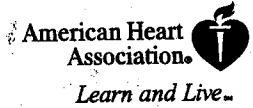
S P X 0 0 0 2 3 1 8 5 0 0

T H E   F O L L O W I N G   A R E   N A M E D   A S   A D D I T I O N A L   I N S U R E D S   A S   R E S P E C T S   T O   T H E  
L I A B I L I T Y   A R I S I N G   F R O M   T H E   N A M E D   I N S U R E D :

A Q U A C R E S T   P O O L ,   D E L R A Y   B E A C H ,   F L

L A K E   L Y T A L   A Q U A T I C   C E N T E R ,   W E S T   P A L M   B E A C H ,   F L

P A L M   B E A C H   C O U N T Y   P A R K S   A N D   R E C R E A T I O N



## Healthcare Provider

**CAROLINE A. KAROLINKO**

This card certifies that the above individual has successfully completed the national cognitive and skills evaluations in accordance with the curriculum of the American Heart Association for the BLS for Healthcare Providers (CPR & AED) Program.

11/4/04

11/4/06

Issue Date

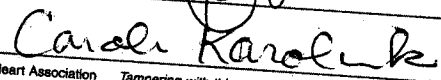
Recommended Renewal Date

AHA  
Region SOUTH

Community  
Training Center MARGATE FIRE RESCUE

Training  
Site ANGEL LOVE

Instructor KEN ROLAND 

Holder's  
Signature Carol Karoluk 

American  
Red Cross



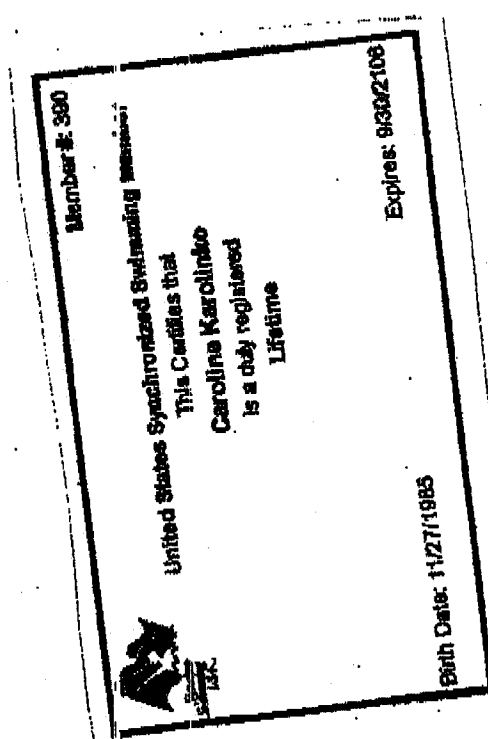
Together, we can save a life

This recognizes that  
**CAROLINE A KAROLINKO**  
has completed the requirements for  
**SAFETY TRAINING FOR SWIM  
COACHES**  
conducted by  
Aqua Crest Pool  
Date completed **10/01/2006**  
The American Red Cross recognizes this certificate  
as valid for **3** year(s) from completion date.

American  
Red Cross



**HEALTH AND SAFETY SERVICES  
INSTRUCTOR AUTHORIZATION**  
Caroline Karolinko  
is authorized as an instructor in  
Water Safety (r.04)  
by the  
Greater Palm Beach Area Chapter  
This authorization expires  
December 31 2007



2106/9



**PALM BEACH COUNTY  
PARKS AND RECREATION DEPARTMENT**

**APPLICANT DISCLOSURE (Please read carefully)**

Our agency screens prospective contractors/volunteers to evaluate whether an applicant poses a risk of harm to the youth, elderly, or individuals it serves. Information obtained is not an automatic bar to contract/volunteer service, but is considered in view of all relevant circumstances. This disclosure is required to be completed by applicants for contractual or volunteer positions in order to be considered. Any falsification, misrepresentation, or incompleteness in this disclosure alone is grounds for disqualification or termination.

APPLICANT: Caroline Anne Karolinko  
Please print complete name

I understand I must acknowledge the existence of any criminal records relating to the following list, regardless of whether or not those records have been sealed or expunged. I understand that I am also obligated to notify Palm Beach County Parks and Recreation Department of any possible disqualifying offenses that may occur while providing services for/ with Palm Beach County Parks and Recreation Department.

Initial next to all that apply and provide a brief explanation below.

- |       |          |             |   |
|-------|----------|-------------|---|
| _____ | Sections | 415.11      | adult abuse, neglect, or exploitation of aged person or disabled adults   |
| _____ |          | 741.28      | domestic violence   |
| _____ |          | 782.04      | murder  |
| _____ |          | 782.07      | manslaughter, aggravated manslaughter of an elderly person or disabled adult, or aggravated manslaughter of a child   |
| _____ |          | 782.071     | vehicular homicide  |
| _____ |          | 782.09      | killing an unborn child by injury to the mother   |
| _____ |          | 784.011     | assault, if the victim of offense was a minor   |
| _____ |          | 784.021     | aggravated assault  |
| _____ |          | 784.03      | battery, if the victim of offense was a minor   |
| _____ |          | 784.045     | aggravated battery  |
| _____ |          | 787.01      | kidnapping  |
| _____ |          | 787.02      | false imprisonment  |
| _____ |          | 787.04(2)   | taking, enticing, or removing a child beyond the state limits with criminal intent pending custody proceedings  |
| _____ |          | 787.04(3)   | carrying a child beyond the state lines with criminal intent to avoid producing a child at a custody hearing or delivering the child to the designated person |
| _____ | Sections | 790.115(1)  | exhibiting firearms or weapons within 1,000 feet of a school  |
| _____ |          | 790.115(2b) | possessing an electric weapon or device, destructive device, or other weapon on school property   |
| _____ |          | 794.011     | sexual battery  |
| _____ | Former   |             |   |
| _____ | Section  | 794.041     | prohibited acts of persons in familial or custodial authority   |
| _____ | Chapter  | 796         | prostitution  |
| _____ | Section  | 798.02      | lewd and lascivious behavior  |
| _____ | Chapter  | 800         | lewdness and indecent exposure  |
| _____ | Section  | 806.01      | arson   |
| _____ | Chapter  | 812         | felony theft and/or robbery   |
| _____ | Sections | 817.563     | fraudulent sale of controlled substances, if the offense was a felony   |
| _____ |          | 825.102     | abuse, aggravated abuse, or neglect of disabled adults or elderly persons   |
| _____ |          | 825.1025    | lewd or lascivious offenses committed upon or in the presence of an elderly person or disabled adult  |
| _____ |          | 825.103     | exploitation of disabled adults or elderly persons, if the offense was a felony   |
| _____ |          | 826.04      | incest  |

_____	827.03	,child abuse, aggravated child abuse, or neglect of a child
_____	827.04	contributing to the delinquency or dependency of a child
_____	827.05	negligent treatment of children
_____	827.071	sexual performance by a child
_____	843.01	resisting arrest with violence
_____ Chapter	847	obscene literature
_____ Section	874.05(1)	encouraging or recruiting another to join a criminal gang
_____ Chapter	893	drug abuse prevention and control only if the offense was felony or if any other person involved in the offense was a minor
_____ Section	985.4045	sexual misconduct in juvenile justice programs

Explanation: (Provide details of any items initialed above. Attach another sheet if necessary.)

<u>Description</u>	<u>Dates</u>
<del>1000</del>	
_____	
_____	
_____	
_____	

The above statements are true and complete to the best of my knowledge.

INITIAL:

CK

By signing this section, I affirm that I have not been charged, found guilty or entered a plea of guilty or nolo contendere (no contest), regardless of the adjudication, to any of the foregoing charges under the provisions of the Florida Statutes or under any similar statute of another jurisdiction. I also affirm that I do not have a delinquency record that is similar to any of these offenses.

*Carol Karolusko*

Applicant's Signature

9/29/06

Date

OR

By signing this section, I declare that my record may contain one or more of the foregoing disqualifying charges, acts or offences and that the explanation I have provided is complete and true with regard to any of the above charges under the provisions of the Florida Statutes or under any similar statute of another jurisdiction.

Applicant's Signature

Date