

# Gorman Learning Charter Network

Vendor Course Instructor

## APPLICATION

This application must be completed and signed by the vendor only.

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

Proof of Liability Insurance Attached?  yes  no

Owner's Name: \_\_\_\_\_

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

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

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

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

Are these course/services provided to students outside of a Gorman Learning Charter Network Facility?  Yes  No

Do you have any friends, relatives, or acquaintances attending or working for Gorman Learning Charter Network, Gorman School District, or Lucerne Valley Unified School District?  Yes  No

If yes, state name and relationship \_\_\_\_\_

Business License Number: \_\_\_\_\_ Expiration date: \_\_\_\_\_

<sup>1</sup>(Attach a copy of Current Business License)

CA Driver's License Number \_\_\_\_\_ Expiration date: \_\_\_\_\_

<sup>2</sup>(Attach a copy of driver's license)

Business Contact

Phone Number: ( ) \_\_\_\_\_ FAX Number: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_ Web Page: \_\_\_\_\_

**Upon pre-approval of vendor and courses, Live Scan fingerprinting will be required for all applicants.**

**If this application is being submitted by a business employing one or more persons who will work directly with students, the CONTRACTOR shall** conduct a criminal background check for all applicants, employees and volunteers through the Department of Justice (DOJ) for the purpose of obtaining criminal record summary information from the Department of Justice and Federal Bureau of Investigation in accordance with Education Code Section 45125.1 and Penal Code Section 11105.3. Upon receipt of DOJ clearance, certify to GLC that no employee of CONTRACTOR working with students of GLC has been convicted of a violent or serious felony as defined by statute, nor has a criminal action pending upon charges of commission of a violent or serious felony as defined by statute. See Attachment A. **ORI #** \_\_\_\_\_ **Certification attached:**  **yes**

Service Information

Course Title: \_\_\_\_\_

Description: \_\_\_\_\_

Service: \_\_\_\_\_ Cost: \_\_\_\_\_ per: Hour/Month. \_\_\_\_\_

Service: \_\_\_\_\_ Cost: \_\_\_\_\_ per: Hour/Month. \_\_\_\_\_

Service: \_\_\_\_\_ Cost: \_\_\_\_\_ per: Hour/Month. \_\_\_\_\_

Service: \_\_\_\_\_ Cost: \_\_\_\_\_ per: Hour/Month. \_\_\_\_\_

**If more than two courses will be offered, please attach the Proposed Course Information.**

**If you are a recreation department and/or you offer a variety of classes, please attach your class pamphlet or catalog.**

**Please note that only specified courses will be up for approval. Those not listed on application will not be approved.**

**Class Info Attached**  **yes**

Email application and support materials to [vci@gormanlc.org](mailto:vci@gormanlc.org)

Or Mail to:

Gorman Learning Charter Network Attention: VCI

1826 Orange Tree Lane

Redlands, CA 92374

Please ensure that all documents have been completed and signed before forwarding your application.

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