

CHIPPEWA VALLEY SCHOOLS CAMP/CLINIC/LEAGUE APPROVAL PACKET CHECKLIST

*****Submit to Dana Andrzejewski 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 - Dana Andrzejewski)

Date

Community Ed.

Approval

(Signature - Jim Fields)

Date

Registration Number: _____

CHIPPEWA VALLEY SCHOOLS ATHLETICS

MAXIMUM COMPENSATION CALCULATIONS FOR CAMP, CLINIC, AND LEAGUE WORKERS

Effective 09/01/2026

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 \$22.46/hr
- \$1,000 for over 100 paid registrations plus \$22.46/hr
- \$1,250 for over 150 paid registrations plus \$22.46/hr

Additional Coaches, Supervisor, and Directors

- \$22.46/hr (Maximum)

League Workers

- Adults – Site Supervisors and \$22.46/hr
- High School Students – \$15.00

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.

DISTRICT GAME MANAGEMENT AND CAMP/CLINIC/LEAGUE TIMESHEET

Please Print:

Name: _____ Employee ID # _____

CIRCLE one LOCATION and one ASN :

Chippewa	Algonquin	Wyandot	Dakota	Iroquois	Seneca
40240 (Regular Season)	40526 (MHSAA Events)	40246 (MAC Events)	40418 (Regular Season)	40445 (MHSAA Events)	40420 (MAC Events)

Invite/Tournament Internal ASN _____

Invite/Tournament Internal ASN _____

Event Date mm/dd/yyyy	Time		Description of Event/Work Performed	Total Hours
	In	Out		

Rate of Pay \$ _____ Grand Total Hours: _____

Worker Signature: _____

AD Signature: _____ Date: _____

Position	Rate per Hour
Announcer – High School	\$15.27
Crowd Control – Middle School	\$15.00
Crowd Control – High School	\$15.27
Event Facilitator – FR	\$15.27
Event Facilitator – JV Varsity	\$22.14
Football – Middle School (Chains, Field Set Up/Take Down, Spotter)	\$15.00
Football – High School (Chains, Field Set Up/Take Down, Spotter)	\$15.27
Scorer – Middle School	\$15.00
Scorer – High School	\$15.27
Student Worker (9 th – 12 th Grade)	\$15.00

Position	Rate per Hour
Ticket Manager – Fall	\$800 (Season)
Ticket Manager – Spring	\$650 (Season)
Ticket Worker	\$15.00
Timer – Middle School	\$15.00
Timer – High School	\$15.27
Track (Event Coordinator, Finish Line, Head Timer, Scorer)	\$18.09
Track (Meet Recorder, Runner)	\$15.00
Volleyball Line Judge – High School	\$15.00
Weight Room	\$15.27

CAMPS/CLINICS/LEAGUES	
League Directors	\$1,000 plus 6% revenue
Coach/Supervisor	\$22.46
Adults-Site Supervisors and Referees	\$22.46

Camp/Clinic Directors	\$22.46
*\$750 for up to 100 paid registrations plus hrly	
*1,000 for up to 100 paid registrations plus hrly	
*1,250 for up to 150 paid registrations plus hrly	
High School Students	\$15.00

EDUSTAFF GAME MANAGEMENT AND CAMP/CLINIC/LEAGUE TIMESHEET

Please Print:

Name: _____ Employee ID # _____

CIRCLE one LOCATION and one ASN :

Chippewa	Algonquin	Wyandot	Dakota	Iroquois	Seneca
40244 (Regular Season)	40245 (MHSAA Events)	40242 (MAC Events)	40444 (Regular Season)	40419 (MHSAA Events)	40446 (MAC Events)

Invite/Tournament Internal ASN _____

Invite/Tournament Internal ASN _____

Event Date mm/dd/yyyy	Time		Description of Event/Work Performed	Total Hours
	In	Out		

Rate of Pay \$ _____ Grand Total Hours: _____

Worker Signature: _____

AD Signature: _____ Date: _____

Position	Rate per Hour
Announcer – High School	\$15.27
Crowd Control – Middle School	\$15.00
Crowd Control – High School	\$15.27
Event Facilitator – FR	\$15.27
Event Facilitator – JV Varsity	\$22.14
Football – Middle School (Chains, Field Set Up/Take Down, Spotter)	\$15.00
Football – High School (Chains, Field Set Up/Take Down, Spotter)	\$15.27
Scorer – Middle School	\$15.00
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High School Students	\$15.00

CHIPPEWA VALLEY SCHOOLS
CAMP/CLINIC/LEAGUE
FLYER CHECKLIST

Check ✓

Box

Full Name of Event

Registration Number (**assigned by Dana Andrzejewski 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://chippewavalleyschools.ce.eleyo.com> 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	B	C	D	E	F	G	H	I	J
WORKER INFORMATION REQUIRED	RECEIVING PAY-Y/N	18 OR OVER-Y/N	HR USE ONLY		BUSINESS DEPT. USE ONLY		HR USE ONLY		
			EMPLOYEE ID NUMBER	APPROVAL INITIAL/DATE	ASN	VERIFY FUNDS INITIAL/DATE	HOURLY RATE	LUMP SUM \$	APPROVAL INITIAL/DATE
Worker Name:									
Phone No.:									
Job Description:									
Worker Name:									
Phone No.:									
Job Description:									
Worker Name:									
Phone No.:									
Job Description:									
Worker Name:									
Phone No.:									
Job Description:									
Worker Name:									
Phone No.:									
Job Description:									
Worker Name:									
Phone No.:									
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.)

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: _____	ASN #:
Description of Fundraiser: _____	

Projected Revenue: _____	Participants	x	_____	Fee	= \$	_____	Bus. Office Use Actual
Projected Expenses:							
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:							
_____					\$	_____	
_____					\$	_____	
_____					\$	_____	
_____					\$	_____	
_____					\$	_____	
_____					\$	_____	
_____					\$	_____	
Total Projected Expenses:					\$	_____	
TOTAL PROJECTED NET INCOME					\$		

Coach/Sponsor Signature: _____ Date: _____

Approved Not Approved

Athletic Director: _____ 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
Street Address	City/State/Zip	3	4
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	_____	\$ _____	_____
			Total \$ _____

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. 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

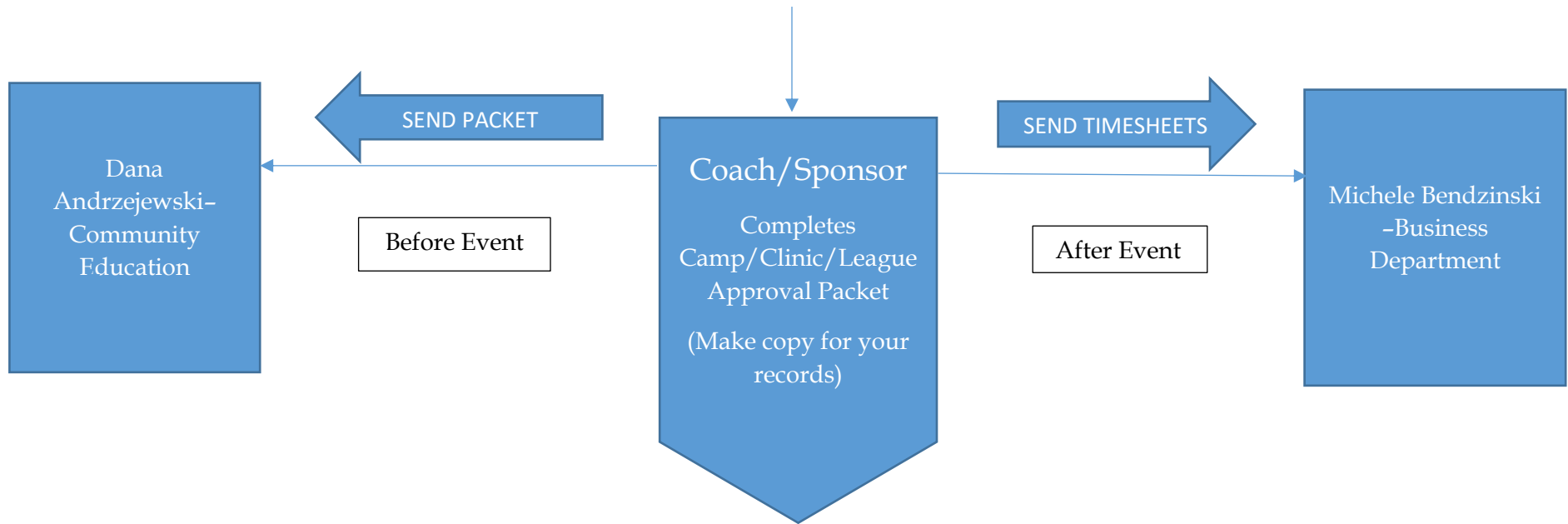
Teacher Name

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

