

International Community School PTSA  
**Independent Contractor Agreement**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Independent Contractor that will be providing services:**

**Name:** \_\_\_\_\_

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

\_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Cell phone:** \_\_\_\_\_

**Tax ID Number:** \_\_\_\_\_

*(Federal tax identification number or social security number. A W-9 must be completed by the contractor and attached to this form.)*

**Independent Contractor Fee:**

*(Payment will only be made upon completion of the services performed and for which the provider has submitted an invoice for payment. If there is an additional amount for supplies, please provide an estimate. Supplies require receipts. )*

**Services Description (including supplied equipment):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Location where Services Performed:**

\_\_\_\_\_

**Date(s), Hours and Schedule of the Class/Activity:**

\_\_\_\_\_  
\_\_\_\_\_

• Do you hold a Washington State Master Business License?  Yes  No  
*If yes, attach a copy of the license to this form.*

• Has the independent contractor submitted a Certificate of Insurance or other proof of liability insurance?  Yes  No  
*(A Certificate of Insurance or acceptable proof of liability insurance is required before any services can be provided to the ICS PTSA.)*

• Has the service provider submitted a safety patrol background check?  Yes  No  
*(A "Safety Patrol Background Check" is required by the Lake Washington School District. Please allow 3 weeks for approval.)*

**Independent Contractor:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

PTA/PTSA Elected Officer: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

PTA/PTSA Elected Officer: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Note: Independent Contractor & Signatures of (2) elected PTA/PTSA officers is required.  
\* Retain a copy of the legal documents in both the Secretary & Treasurer's notebooks