

COLTON COMMUNITY SERVICES

2023 VOLUNTEEN APPLICATION



ALL APPLICANTS PLEASE NOTE:

- APPLICANTS MUST RESIDE WITHIN THE CITY OF COLTON.
- APPLICATIONS MUST BE COMPLETED AND SUBMITTED TO THE GONZALES CENTER OR THOMPSON TEEN CENTER BY **MONDAY, APRIL 17, 2023**; NO EXCEPTIONS.
- APPLICANTS MUST BE BETWEEN 13-15 YEARS OLD ON **JUNE 5, 2023**.
- WRITE A SHORT ESSAY ON “WHY YOU’RE THE RIGHT PERSON FOR THE PROGRAM ”
- ATTACH A LETTER OF RECOMMENDATION FROM A CURRENT TEACHER AT YOUR SCHOOL.
- ATTACH A LETTER OF RECOMMENDATION FROM SOMEONE (OTHER THAN A RELATIVE OR CURRENT TEACHER) WHO KNOWS YOU WELL

PLEASE USE BLACK OR BLUE INK ONLY

Applicant Name:		Date of Birth:
Colton Address:	Phone:	
School:	Current Grade:	
Name of Parent or Guardian:		
Address (if different from above):		
Best Contact Phone #:	Alternate Phone #:	

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. What school clubs, sports and/or extra-curricular activities are you involved in? _____

2. What are your hobbies/special interests? _____

3. What classes, trainings, and/or experiences have you had, which will assist you in working as a VolunTEEN in Community Services programs? _____

4. Have you ever participated in a Colton Community Services program? ____ Yes ____ No
 If “Yes,” which program(s)?: _____

5. Have you ever been arrested and/or convicted of any crime? ____ Yes ____ No
 If “Yes,” please explain: _____

6. Are you related to any current City of Colton employee(s)? ____ Yes ____ No

If "Yes," name of employee(s): _____

7. How did you hear about volunteering for Colton Community Services Department? _____

8. Why do you want to be a VolunTEEN? _____

IN WHAT AREA(S) DO YOU WISH TO VOLUNTEER? PLEASE CHECK ALL THAT APPLY
Any Area Needed Summer Day Camp Summer Tot Camp Childcare Senior Programming
Aquatics Check-In Food Commodities (pick-up, bagging, distribution) Reception (Front Desk)
Special Events Marketing Library Programs Other _____

Clerical/Office Work : Answering Phones Photocopying Creating Flyers Microsoft Office

With what age group(s) would you like to volunteer? Please check all that apply .

Adults Youth Toddlers Seniors None, office or non-public areas

Do you have reliable transportation to and from site locations between 8:00 a.m. to 10:00 p.m.? Yes No

Are you available to volunteer beginning June 5 through July 14, 2023? Yes No

(Please check all timeframes that you are available)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning	Morning	Morning	Morning	Morning	Morning	Morning
Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon
Evening	Evening	Evening	Evening	Evening	Evening	Evening

NOTE: VolunTEENs will typically be scheduled for 25-30 hours per week.

PLEASE LIST ANY FAMILY VACATIONS, SCHOOL AND/ OR FAMILY COMMITMENTS, SPORTING ACTIVITIES, CAMPS, OR ANY OTHER ACTIVITIES THAT MIGHT AND/OR WILL AFFECT YOUR AVAILABILITY THIS SUMMER :

APPLICANT STATEMENT

I hereby certify that all statements and answers in this application are true and complete to the best of my knowledge. I understand that any false statements of material facts will subject me to disqualification or dismissal.

PRINTED NAME _____ **SIGNATURE** _____

I am aware that by participating in the aforementioned Activity, the minor referenced above (hereinafter, "Minor") may be exposed to risks of damage to his/her personal property and personal injury to himself/herself. I understand and agree that Minor shall comply with all relevant Colton Community Services rules, regulations, and instructions and that the failure of Minor to observe all rules may result in Minor's removal from the Activity.

I hereby assert that Minor is in sufficiently sound health and has no health condition, illness, or communicable disease that may make participating in the Activity injurious to Minor or others. If Minor should

develop any such condition, illness or disease during the term of activities, Minor will discontinue participation until he/she has received an appropriate medical release from his/her doctor.

IN CONSIDERATION OF MY CHILD BEING PERMITTED TO PARTICIPATE IN THE ACTIVITY, I HEREBY, ON BEHALF OF MYSELF AND MY MINOR CHILD, AGREE TO THE FOLLOWING:

ASSUMPTION OF RISK

In consideration for Minor being allowed to participate in the Activity, I, on behalf of myself and Minor, hereby assume the risk of, and responsibility for, any such injury, death, or damage which Minor may sustain arising out of or in any way connected with participation in the Activity, including injury, death, or damage resulting from any acts or omissions, whether negligent or not, or any property or equipment owned or supplied by or on behalf of Colton Community Services, the City of Colton, its officials, officers, employees, agents, volunteers, and any other City of Colton affiliate.

RELEASE AND INDEMNIFICATION

I agree on behalf of myself, my executors, heirs, administrators, and assigns, and Minor and the executors, heirs, administrators and assigns of Minor, to release and discharge Colton Community Services, the City of Colton, its officials, officers, employees, agents, volunteers, and any other City of Colton affiliate from and against any and all liability arising out of or in any way connected with Minor's participation in the Activity, or upon Minor's acts or omissions, whether negligent or not. I further give permission to the City of Colton for the taking of photos of myself and/or the persons I have registered above during recreational activities, and for those photos to be used in City publications and/or City websites.

PARENT NAME _____ **SIGNATURE** _____ **DATE** _____

FOR OFFICE USE ONLY		
Date Received: _____ Staff Initials: _____	(Please check all additional documents received) Essay: _____ First Letter of Recommendation: _____ Second Letter of Recommendation: _____	Staff Notes: