



**2019 SUMMER TEEN VOLUNTEER PROGRAM
 APPLICATION FORM – Class #7302**

In Person, E-Mail or Mail (No Online Registration):
Alameda Recreation and Park Department Office
2226 Santa Clara Avenue, Alameda, CA 94501
Phone: (510) 747-7529

- Full payment is due at the time of registration. Checks payable to ARPD. American Express, Discover, MasterCard, Visa Credit Cards accepted.
- Activity withdrawals can be made by phone or in person with a \$15 processing fee. The remainder of class fee will be placed on your account.

2019 SUMMER GROUP INTERVIEW DATES:

Teens/Tweens must sign up for one interview date to attend. Interviews are not confirmed after application is submitted. If teen/tween does not attend the interview that they sign up for, he/she must attend one of the other scheduled interview dates. **IF TEEN/TWEEN DOES NOT ATTEND ONE OF THE THREE SCHEDULED INTERVIEW DATES, HIS/HER APPLICATION WILL BE REJECTED (NO EXCEPTIONS).** Interview is for candidates only, no parents please!

Operation Green Sweep Applicants do not need to participate in Group Interviews or attend Training. Interviews do not guarantee acceptance into the Summer Teen Volunteer Programs.

- Thursday, May 2, 2019 - 4:00 – 4:45 p.m. - Veteran’s Building, Rm. 250
- Tuesday, May 7, 2019 - 4:00 – 4:45 p.m. - Veteran’s Building, Rm. 250
- Thursday, May 16, 2019 - 4:00 – 4:45 p.m. - Veteran’s Building, Rm. 250

Fee: \$50 – covers cost of uniform and training materials

TEEN’S FIRST AND LAST NAME		BIRTHDATE	AGE	GRADE
		<input type="checkbox"/> Male <input type="checkbox"/> Female		
Home Address		City	Zip	
Teen’s Cell Phone		Teen’s School		
Teen’s E-Mail Address (Please write legibly)		Volunteer Shirt Size (select one) – ADULT SIZES <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> X-Large		
Teen’s Insurance & Policy Number		Teen’s Medical Issues/Allergies		

TEEN’S REFERENCES (Job/Personal/School)			
NAME	TITLE	ADDRESS	PHONE

Parent/Guardian/Main Contact Information:

Last Name _____ First Name _____

Primary Phone _____ Secondary Phone _____

Parent/Guardian’s Email Address _____

Emergency Contact Name _____ Relationship _____ Phone _____

Emergency Contact (Other Than Parent) _____ Relationship _____ Phone _____

(Continue on other side)

Please indicate which program you would like to volunteer this summer. Be sure to mark sessions, locations, dates and times.

OPERATION GREEN SWEEP
Wednesdays, July 3, 10, 17, 31 (no program on Wednesday, July 24th)
10:00 a.m. – 1:00 p.m. / Veteran’s Building, 2203 Central Ave

NO INTERVIEW OR TRAINING REQUIRED FOR OPERATION GREEN SWEEP VOLUNTEERS
Incoming 6th Graders are welcome to participate

WORLD OF WONDER (WOW)
 Volunteers sign up for 1 week long session minimum; and 3 week long sessions maximum. Volunteer must choose one shift per week long session; morning OR afternoon. Limit of 4 volunteers per shift, assigned on a first-come, first-served basis.

<input type="checkbox"/> SESSION 1: JUNE 17 – JUNE 21	SHIFT: <input type="checkbox"/> 10:00 a.m. - 1:00 p.m. OR <input type="checkbox"/> 2:00 p.m. – 5:00 p.m. LOCATION: <input type="checkbox"/> GODFREY WOW OR <input type="checkbox"/> WASHINGTON WOW
<input type="checkbox"/> SESSION 2: JUNE 24 – JUNE 28	SHIFT: <input type="checkbox"/> 10:00 a.m. - 1:00 p.m. OR <input type="checkbox"/> 2:00 p.m. – 5:00 p.m. LOCATION: <input type="checkbox"/> GODFREY WOW OR <input type="checkbox"/> WASHINGTON WOW
<input type="checkbox"/> SESSION 3: JULY 1 – JULY 5 (CLOSED JULY 4TH)	SHIFT: <input type="checkbox"/> 10:00 a.m. - 1:00 p.m. OR <input type="checkbox"/> 2:00 p.m. – 5:00 p.m. LOCATION: <input type="checkbox"/> GODFREY WOW OR <input type="checkbox"/> WASHINGTON WOW
<input type="checkbox"/> SESSION 4: JULY 8 – JULY 12	SHIFT: <input type="checkbox"/> 10:00 a.m. - 1:00 p.m. OR <input type="checkbox"/> 2:00 p.m. – 5:00 p.m. LOCATION: <input type="checkbox"/> GODFREY WOW OR <input type="checkbox"/> WASHINGTON WOW
<input type="checkbox"/> SESSION 5: JULY 15 – JULY 19	SHIFT: <input type="checkbox"/> 10:00 a.m. - 1:00 p.m. OR <input type="checkbox"/> 2:00 p.m. – 5:00 p.m. LOCATION: <input type="checkbox"/> GODFREY WOW OR <input type="checkbox"/> WASHINGTON WOW
<input type="checkbox"/> SESSION 6: JULY 22 – JULY 26	SHIFT: <input type="checkbox"/> 10:00 a.m. - 1:00 p.m. OR <input type="checkbox"/> 2:00 p.m. – 5:00 p.m. LOCATION: <input type="checkbox"/> GODFREY WOW OR <input type="checkbox"/> WASHINGTON WOW
<input type="checkbox"/> SESSION 7: JULY 29 – AUGUST 2	SHIFT: <input type="checkbox"/> 10:00 a.m. - 1:00 p.m. OR <input type="checkbox"/> 2:00 p.m. – 5:00 p.m. LOCATION: <input type="checkbox"/> GODFREY WOW OR <input type="checkbox"/> WASHINGTON WOW
<input type="checkbox"/> SESSION 8: AUGUST 5 – 9	SHIFT: <input type="checkbox"/> 10:00 a.m. - 1:00 p.m. OR <input type="checkbox"/> 2:00 p.m. – 5:00 p.m. LOCATION: <input type="checkbox"/> GODFREY WOW OR <input type="checkbox"/> WASHINGTON WOW

AQUATICS AT ENCINAL SWIM CENTER
 Volunteers may choose which session they would like to volunteer.
Monday to Thursday / 2:30 p.m. – 6:30 p.m. / Encinal Swim Center

Session 1: June 17 – July 3 (CLOSED JULY 4TH) - No. of Dates: 11
 Session 2: July 8 – July 25 - No. of Dates: 12
 Session 3: July 29 – August 8 - No. of Dates: 8

SUMMER PARK T-SHIRT BASEBALL PROGRAM
 Tween and Teens are requested to volunteer at as many practices and games as possible and may choose which park that they would like to volunteer.
Practices: Tuesday Afternoons / Games: Thursday Afternoons - June 18 – August 8 (No 7/4)
All times TBD. Baseball Volunteers will be contacted by ARPD with park site baseball schedules during the week of June 10th.
 Select One Park Site: Bayport Franklin Lincoln Tillman Washington

LIABILITY WAIVER

1. Undersigned hereby releases, waives and discharges the city of Alameda, its directors, employees, agents and independent contractors from all liability to the undersigned and/or his/her personal representatives, assignees, heirs, and next of kin for any loss or damage and any claim or demands accruing or resulting from injury to the person or property or death of the undersigned, whether or not caused by the negligence and/or property of the City of Alameda, its directors, officers, employees, agents, and independent contractors.
2. Undersigned hereby assumes full responsibility for and risk of bodily injury, death or property damage, whether or not it is due to the negligence of the City of Alameda, its directors, employees, agents and independent contractors or otherwise while in, upon or about the premises of the City of Alameda and/or while using the premises or facilities or equipment, including AED machines, or program transportation thereon.

PHOTO CONSENT: Undersigned authorizes the City of Alameda to use your (or child’s/ward’s) photograph in any future educational and/or community informational purposes, (including, but not limited to the website, Activity Guide or social media) produced by the City of Alameda.

Check here if you do not give photographic consent.

CONSENT TO TREAT: I hereby give my consent for the City of Alameda staff to take me (or my child/ward) to the appropriate medical services and give appropriate medical authorization in the event that I cannot be immediately contacted. It is understood that the cost thereof will be at my expense.

Check here if I do not consent to treat and I request that medical or surgical services be withheld.

Undersigned has read and voluntarily signs the release and waiver of liability and indemnity agreement, and further agrees that no oral representation, statements or inducement apart from the foregoing written agreement has been made.

_____ **Participant**
Signature _____ **Date**

_____ **Parent/Guardian**
Signature _____ **Date**

FEE: \$50 – COVERS COST OF T-SHIRT AND TRAINING MATERIALS

YOU MUST INCLUDE YOUR PAYMENT WITH YOUR COMPLETED APPLICATION FORM. APPLICANTS ARE CHARGED UPON ACCEPTANCE INTO THE PROGRAM.

Check (payable to ARPD)

American Express Discover VISA MasterCard:

Credit Card # _____ - _____ - _____ CVV _____ Exp Date _____

Name on Card _____ Signature _____

Address on Card _____

By signing, I authorize the City of Alameda to charge my credit card for the activity costs listed above.