



APPLICATIONS ARE DUE APRIL 1, 2016

ALL APPLICANTS PLEASE NOTE:

- ⇒ Applicants must reside within the City of Colton.
- ⇒ Applicants must be between 13-15 years old on June 13, 2016.
- ⇒ Applications must be completed and turned in at Gonzales Community Center or Thompson Teen Center, by Friday, April 1, 2016. There are NO EXCEPTIONS.
- ⇒ 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.
- ⇒ AND attach a second letter of recommendation from someone (other than a relative or teacher) who knows you well.

PLEASE FILL OUT THE APPLICATION COMPLETELY

APPLICANT NAME:	
COLTON ADDRESS:	PHONE:
EMAIL:	DATE OF BIRTH:
SCHOOL:	CURRENT GRADE:
NAME OF PARENT OR GUARDIAN:	
ADDRESS (IF DIFFERENT FROM ABOVE):	
BEST CONTACT NUMBER:	SECOND PHONE NUMBER:

APPLICANT QUESTIONS

1) IN WHAT SCHOOL CLUBS, SPORTS AND/OR EXTRA-CURRICULAR ACTIVITIES ARE YOU INVOLVED?	
2) IN WHAT ARE YOUR HOBBIES/SPECIAL INTERESTS?	
3) WHAT CLASSES, TRAININGS, AND/OR EXPERIENCES HAVE YOU HAD THAT WILL ASSIST YOU IN WORKING AS A VOLUNTEEN IN THE COMMUNITY SERVICES' PROGRAMS?	
4) HAVE YOU EVER PARTICIPATED IN A COLTON COMMUNITY SERVICES DEPARTMENT PROGRAM?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF "YES," PLEASE TELL US WHICH PROGRAM(S):	
5) HAVE YOU EVER BEEN ARRESTED AND/OR CONVICTED OF ANY CRIME?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF "YES," PLEASE EXPLAIN:	
6) ARE YOU RELATED TO ANY CURRENT CITY OF COLTON EMPLOYEE(S)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF "YES," NAME OF EMPLOYEE(S):	

PLACEMENT QUESTIONS

1) HOW DID YOU HEAR ABOUT VOLUNTEERING FOR COLTON COMMUNITY SERVICES?
2) WHY DO YOU WANT TO VOLUNTEER WITH US?

IN WHAT AREA(S) DO YOU WISH TO VOLUNTEER? PLEASE CHECK ALL THAT APPLY			
<input type="checkbox"/>	Youth Programing	<input type="checkbox"/>	Senior Programming
<input type="checkbox"/>	At Gonzales Center only	<input type="checkbox"/>	At Hutton Center only
<input type="checkbox"/>	Sports Programing	<input type="checkbox"/>	Arts & Crafts
<input type="checkbox"/>	Answering Phones	<input type="checkbox"/>	Clerical/Office Work
<input type="checkbox"/>	Snack Program	<input type="checkbox"/>	Food Commodities (pick-up, bagging, distribution)
<input type="checkbox"/>		<input type="checkbox"/>	Library
<input type="checkbox"/>		<input type="checkbox"/>	At Luque Center only
<input type="checkbox"/>		<input type="checkbox"/>	Aquatics Programing
<input type="checkbox"/>		<input type="checkbox"/>	Record Keeping
<input type="checkbox"/>		<input type="checkbox"/>	Preschool or School Age Programs
<input type="checkbox"/>		<input type="checkbox"/>	Special Events
<input type="checkbox"/>		<input type="checkbox"/>	Data Entry
<input type="checkbox"/>		<input type="checkbox"/>	ANY AREA NEEDED

WITH WHAT AGE GROUP(S) WOULD YOU LIKE TO VOLUNTEER? PLEASE CHECK ALL THAT APPLY				
<input type="checkbox"/>	Toddlers	<input type="checkbox"/>	Youth	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	Adults	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	Seniors	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	All Ages	

WHAT IS YOUR AVAILABILITY FOR THE SUMMER (JUNE 13 – JULY 22, 2016)? PLEASE CHECK ALL THAT APPLY							
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	
<input type="checkbox"/>	Morning	<input type="checkbox"/>	Morning	<input type="checkbox"/>	Morning	<input type="checkbox"/>	Morning
<input type="checkbox"/>	Afternoon	<input type="checkbox"/>	Afternoon	<input type="checkbox"/>	Afternoon	<input type="checkbox"/>	Afternoon
<input type="checkbox"/>	Evening	<input type="checkbox"/>	Evening	<input type="checkbox"/>	Evening	<input type="checkbox"/>	Evening

NOTE: VOUNTEENS WILL TYPICALLY BE SCHEDULED FOR 25-30 HOURS PER WEEK

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

APPLCIANT STATMENT

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.

PRINT NAME _____ **SIGNATURE** _____ **DATE** _____

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 their acts or omissions, whether negligent or not.

Additionally, in consideration for Minor participating in the Activity, and to the maximum extent permitted by law, I voluntarily agree to indemnify and hold harmless, in advance, Colton Community Services, the City of Colton, its officials, officers, employees, agents, volunteers, and any other City of Colton affiliate, for any and all claims, lawsuits, demands, causes of action, costs, expenses, liabilities, losses, damages or injuries of any kind, in law or equity, to property or persons, including wrongful death, which may be brought by any person against Colton Community Services, the City of Colton, its officials, officers, employees, agents, volunteers, and any other City of Colton affiliate that may have or may hereafter accrue and that in any manner arise out of, pertain to, or are incident to said Minor’s participation in the Activity, whether or not it consists of acts, omissions, or conduct which is deemed negligent (active or passive), willful, or otherwise.

It is further understood and agreed that this waiver, release, and assumption of risk is to be binding on my executors, heirs, administrators, and assigns, and Minor and the executors, heirs, administrators, and assigns of Minor.

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