



Art Thompson
TEEN CENTER
 651 North Mt. Vernon Avenue · Colton, CA 92324

ALL APPLICANTS PLEASE NOTE:

- Applicants must reside within the City of Colton.
- Applications must be completed and submitted to Gonzales Community Center or Thompson Teen Center, by **Friday, April 12, 2019**; no exceptions.
- Applicants must be between 13-15 years old on June 10, 2019.
- 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 second 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 #:	2nd 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 Department 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): _____

Please help us place you in the right position by completing the following questions:

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

Why do you want to volunteer? _____

In what area(s) do you wish to volunteer? Please check all that apply

- Any Area Needed Summer Day Camp Crafts Drop-in Recreation Senior Programming
- Aquatics Check In Summer Tot Camp Reception (Front Desk) Special Events
- Food Commodities (pick-up, bagging, distribution) Other _____

Clerical/Office Work Answering Phones Clerical/Office Work Photocopying Record Keeping

Computer Work Data Entry Excel Spreadsheets Word Processing

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 only

Do you have reliable transportation to and from site locations between the hours of 8:00 A.M. to 8:00 P.M.?

- Yes No

Are you available for the Summer, June 10 – July 19, 2019? Yes No (Check all that apply)

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 family commitments, sporting activities, camps, or any other activities that might 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** _____

In consideration of my (child's) participation in this activity, I hereby agree to indemnify and hold harmless the City of Colton and its officers, agents, and employees from any liability, claim, or action for damage resulting from, or in any way arising out of, any participation in this activity by either myself and/or the persons I have registered above. I understand that participation in this activity can result in bodily injury, including disability, dismemberment, or death. Furthermore, I give permission to the City of Colton, its officers, agents, and employees to obtain medical treatment for myself and/or the participants registered above in the event of accident or illness, and I agree to be responsible for any financial liability resulting from any such decisions to obtain such treatment. 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** _____