



# Squirrels Day Camp VolunTeen Application 2019



Age Requirement: 13-17 years

**Site: Crown Valley Park**

**Monday, Tuesday, Thursday and Friday:**

**Morning Shift: 8:00am - 12:30pm / Afternoon Shift: 12:30pm - 4:45pm**

**Both shifts also include Wednesdays (Excursion Day): 8:00am-4:45pm**

### PERSONAL INFORMATION

NAME	BIRTH DATE	AGE
STREET ADDRESS	CIRCLE HIGHEST GRADE COMPLETED 6   7   8   9   10   11   12	
CITY, STATE, ZIP	AREA CODE	HOME TELEPHONE
SCHOOL AND GRADUATION DATE	EMAIL	
EMERGENCY INFORMATION, MEDICATIONS, ETC.		

### EMERGENCY CONTACTS In case of emergency, the Department should contact:

NAME	RELATIONSHIP	PHONE
NAME	RELATIONSHIP	PHONE

### SPECIAL SKILLS (List special skills that you have that may be helpful in volunteering with children.

Examples: Hobbies, Arts and Crafts, Leadership Roles, etc.)

### WHY DO YOU WANT TO VOLUNTEER FOR THE SQUIRRELS DAY CAMP? (Include whether you are volunteering for community service hours, personal reasons, and why you are choosing our programs).

### TELL US ABOUT YOUR EXPERIENCE WORKING WITH CHILDREN:

**PLEASE CIRCLE ALL SHIFTS FOR WHICH YOU ARE AVAILABLE TO VOLUNTEER:**

**Note: Both AM and PM shifts will join squirrel campers on an excursion Wed. 8:00am-4:45pm.**

VolunTeen will be assigned one shift only. There is no camp on July 4.

**SQUIRRELS – AM Shift**

M, T, TH, F 6/17-6/21 8:00-12:30PM	M, T, TH, F 6/24-6/28 8:00-12:30PM	M, T, F 7/1-3 & 7/5 8:00-12:30PM	M, T, TH, F 7/8-7/12 8:00-12:30PM	M, T, TH, F 7/15-7/19 8:00-12:30PM	M, T, TH, F 7/22-7/26 8:00-12:30PM	M, T, TH, F 7/29-8/2 8:00-12:30PM	M, T, TH, F 8/5-8/9 8:00-12:30PM
--	--	--	---	--	--	---	--

**SQUIRRELS – PM Shift**

M, T, TH, F 6/17-6/21 12:30-4:45PM	M, T, TH, F 6/24-6/28 12:30-4:45PM	M, T, F 7/1-3 & 7/5 12:30-4:45PM	M, T, TH, F 7/8-7/12 12:30-4:45PM	M, T, TH, F 7/15-7/19 12:30-4:45PM	M, T, TH, F 7/22-7/26 12:30-4:45PM	M, T, TH, F 7/29-8/2 12:30-4:45PM	M, T, TH, F 8/5-8/9 12:30-4:45PM
--	--	--	---	--	--	---	--

**MEDIEVAL GAMES DAY**

F 8/9 9:00AM-1:00PM
---------------------------

WHAT HAPPENS NEXT?

- All applications will be reviewed and every applicant will be contacted.**
- VolunTeens who are assigned a shift will be required to attend the MANDATORY TRAINING on Thursday, June 13th, 10am-12pm**

_____
Parent Initials

**MEDICAL RELEASE/LIABILITY WAIVER**

I (parent/guardian) give consent to any x-ray examination, anesthetic, medical or surgical diagnosis tendered under the general or specific supervision of any member of the medical staff and emergency room staff licensed under the Medicine Practice Act or a dentist licensed under the dental Practice Act and on the staff of any acute General hospital holding a license to operate from the California Department of Public Health. It is understood that this authorization is given in advance of diagnoses, treatment or hospital care being required but is given to provide the aforementioned medical/dental personnel authority to render care they deem advisable. It is understood that efforts shall be made to contact the undersigned (parent/guardian) prior to rendering treatment, but that treatment will not be withheld if the undersigned cannot be reached.

I (parent/guardian) voluntarily agree to have my child participate in the City of Laguna Niguel volunteer program. I (parent/guardian) realize that every precaution is taken to eliminate any injuries or hazards and that a competent supervisor is present; however, in the event of an injury to my child, I hereby waive, release and hold harmless from any liability for damages or claims for damages for personal injury, including accidental death, as well as from claims for personal property damage which may arise in connection with this program, against the City of Laguna Niguel, and all their officers, agents and employees.

**OPTIONAL PHOTO RELEASE:**

I permit the use of activity/event photography and/or video of my child or myself for media production.

\_\_\_\_\_  
(Parent Initial)

**WE UNDERSTAND THAT BY SIGNING BELOW:**

We are stating that all of the information on this application is correct. We have read, understand and agree to the Medical Release/Liability Waiver above. *We understand that completion of this application or an invitation to a Training Session does not ensure that the Teen listed on the reverse will be invited to participate as a VolunTeen. We understand that, if invited to become a VolunTeen, the VolunTeen's work must be completed to the satisfaction of City Staff and unsatisfactory work will result in dismissal and cancellation of future scheduled hours.*

\_\_\_\_\_  
VolunTeen's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

**Please return by June 5, 2019 to: Laguna Niguel Parks and Recreation Department  
29751 Crown Valley Parkway, Laguna Niguel, CA 92677  
(949) 425-5100**