



## **TEEN ZONE**

### **TOWN OF APPLE VALLEY**

The goal of this program is to provide students (ages 13-17) with the opportunity to get involved with their community through positive and productive volunteer experiences, while providing the Town of Apple Valley Recreation Department programs with quality volunteer assistance. Teens will gain work experience, acquire volunteer hours, learn life skills and get involved in their community. Volunteer assistance is a valuable asset to events and programs, where extra staffing makes a crucial difference in program quality.

This program is a volunteer program, not a paid position for the Town of Apple Valley. The knowledge, experience and recognition they receive provides a firm basis for individual development and future career endeavors. Volunteering leads to better outcomes and opportunities for teens and their communities.

Volunteers are needed in virtually every area of Recreation programming. Assignments are made based on the volunteer's interests, skills, experience, and availability.

### **VOLUNTEER OPPORTUNITIES**

#### **Sports**

Teens can assist with operation of clock and scoreboard during Summer/Winter Youth Basketball, Pee Wee Sports and our Running Series (3/5/10k runs).

#### **Special Events**

The Recreation Department offers several one-day special events throughout the year such as Community Clean-up Day, Freedom Festival, Summer Concerts, Holiday Craft Fair, Christmas Tree Lighting and more. Duties range from helping with crafts and games to handing out flyers and assisting event staff.

## **Programs**

Teens can also assist with office work and Recreation Programs such as Day Camp and our After School Activities Programs and Inclusive Recreation. Volunteers will help staff monitor the children and participate in crafts and games.

### **VOLUNTEERS CAN EXPECT:**

Teens can expect to be given assignments with clear and specific directions and will receive on- going training and supervision while on duty. We encourage them to ask questions if they need more clarification or if they don't understand an assignment. They will receive training for whichever opportunities they choose to sign up for. They will receive advice and instruction that will aid them in development of social and job skills. Teens will receive recognition of accomplishments and awards for outstanding achievement such as prizes and parties given at the end of each season.

### **VOLUNTEER QUALIFICATIONS AND RESPONSIBILITIES:**

Qualifications we are looking for are reliability, enthusiasm, a positive & friendly attitude, a willingness to accept new tasks and work cooperatively with leadership staff, access to dependable transportation to and from events, and a genuine interest in volunteering for the Town of Apple Valley. All teens between the ages of 13 and 17 will be given an opportunity to volunteer after they attend a volunteer orientation and return the Volunteer Handbook agreement. They will be expected to attend at least one meeting per month **and** volunteer at an event or program at least once every 2 months to remain a member of Teen Zone. If you do not attend a meeting and volunteer at an event for 60 days and do not contact the Recreation Specialist, you will receive a letter of withdrawal. You are expected to report to work promptly, inform your supervisor if you are unable to make it to work, and always observe the Town of Apple Valley's guidelines. If you are going to be absent for any reason you are required to let the Specialist know as soon as possible by calling (760) 221-8044.

### **VOLUNTEER ORIENTATION:**

Before you begin volunteer services you will be required to attend a Teen Zone meeting. Once your application has been received you will be notified of the dates. You may be placed on a waiting list if the program is at capacity. At orientation you will receive the Volunteer Handbook which will outline the details of the program such as disciplinary actions for absences and the process for turning in hours. A parent signature will be required on the last page of the handbook. You will not be permitted to volunteer until you turn in the handbook agreement.

Teen Zone meets from 5-6:30pm at the Town Hall Recreation Center every other Wednesday. You will receive an event list at each meeting that lists every meeting date for the season. You will have an opportunity to sign up for events as well as turn in your volunteer log at these meetings.



Town of Apple Valley  
Recreation Department  
14955 Dale Evans Parkway  
Apple Valley, CA 92307  
(760) 240-7880

## Teen Zone Volunteer Application

(To be completed by the teen)

Print Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Main Contact Phone No.: \_\_\_\_\_ Prefer: Text \_\_\_\_ or Call \_\_\_\_

Alternate Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Parent's or Guardian's Names \_\_\_\_\_

School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_ School End Time: \_\_\_\_\_

Past Volunteer Experience: \_\_\_\_\_

Sports, clubs, or activities you are involved in: \_\_\_\_\_

What is your reason for volunteering with the Recreation Department? (check all that apply)

Scholarship Apps  Job Apps  To Keep Busy

To Help My Community  My Parent's Suggestion  School Requirement

Court Ordered  To Gain Work Experience

Program Interests (check all that apply)

Special Events  Sports  Day Camp  Running Series  Office Help

Indicate times/days you are *not* available for volunteer work: \_\_\_\_\_

What personal qualities or talents do you believe you will contribute to the department?

**EMERGENCY INFORMATION AND AUTHORIZATIONS**

(To be completed by parent/guardian)

Name of Child \_\_\_\_\_ D.O.B \_\_\_\_\_  
Grade \_\_\_\_\_ Age \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_

Legal Guardian \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Home Phone \_\_\_\_\_

Legal Guardian \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Home Phone \_\_\_\_\_

Emergency Contact (must be contact other than legal guardian)

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Name (Emergency/Pick-up)	Phone	Relationship
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Name (Emergency/Pick-up)	Phone	Relationship
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**RELEASE OF LIABILITY, ASSUMPTION OF RISK, AND PHOTO RELEASE**

The Town provides a full spectrum of recreation, sport, educational and equestrian programs for children, teens, adults and families to help create "A Better Way of Life." In consideration for the Town, permitting me, my children, or children for whom I have capacity to contract ("Participant(s)") to engage in Town recreation programs on and off Town facilities, I understand and agree to the following:

**RELEASE OF LIABILITY.** I hereby release, indemnify, defend, and hold harmless the Town of Apple Valley, its elected and appointed officials, its officers, clients, employees, agents, and volunteers ("Released Parties"), from any and all liabilities, claims, demands or causes of action (including attorneys' fees) that Participants may hereafter have for injuries and damages arising out of participation in any activities held at Town facilities or as part of a Town recreation program including, but not limited to, losses caused by the acts or omissions of the Released Parties or of obvious or hidden defects or dangerous conditions in Town facilities or Town recreation programs. This release shall release the Released Parties from related activities not conducted on Town property, including travel and off-site activities.

**ASSUMPTION OF RISK.** I understand that use of Town facilities and recreation activities may involve risks and dangers to Participants that no amount of care, caution, instruction or expertise can eliminate. I expressly and voluntarily assume all risk of injury to Participants from any activity held at Town Facilities or as part of Town recreation programs. The Town is not responsible for any loss, theft or damage to personal property or Town equipment, articles, or facilities while Participants use said equipment, articles and/or facilities. I am aware that special interest classes are conducted by independent contractors, not Town personnel.

**PHOTO RELEASE.** I understand that from time to time Town representatives may photograph Participants at Town facilities and recreation programs. I acknowledge that by using Town facilities or participating in Town recreation programs, I authorize the Town of Apple Valley to take photographs of Participants and use or publish the photographs in the Town's publications, including its flyers, videos, or on websites. I understand that I will not receive any compensation for such use.

This release shall remain in effect until revoked and shall extend to all Town facilities and recreation programs that Participants may participate in. A copy of this release may be used to the same extent as the original. I certify that I have read and understand this release as it applies to me and to any minors for whom I am responsible (who are listed below).

**HEALTH INFORMATION**

Does your child have any special needs or health issues? Yes \_\_\_ No \_\_\_ If yes, please explain:

\_\_\_\_\_

Does your child have any food allergies: Yes \_\_\_ No \_\_\_ If yes, please list:

\_\_\_\_\_

**AUTHORIZATION FOR MEDICAL TREATMENT**

In case of emergency, I give permission to the Town of Apple Valley Recreation Department to sign for emergency medical treatment for my child: \_\_\_\_\_ until myself, my spouse, or the child's legal guardian arrive at the medical facility. *(If you decline, child will be unable to participate in the program)*

Signed: \_\_\_\_\_ (Printed Name: \_\_\_\_\_)

On behalf of (list name of minors): \_\_\_\_\_

\_\_\_\_\_

