



**The City of Diamond Bar's 2013 Youth Volunteens Program is a leadership training Program, designed for boys and girls ages 13 to 15 who reside in the city of Diamond Bar. Teens who are interested in receiving work experience and training in the field of recreation should apply.**

**Volunteens will be assigned as assistants to summer programs such as youth day camp, youth baseball, tiny tots, senior programs and concerts in the park/movies under the stars.**

**All applicants must be available June 3 through August 16 and volunteer a minimum of 5 hours per week or 40 hours for the 11 weeks of summer.**

**Qualified applicants will be invited to interview the third week in May.**

### How to Apply

In Person

Attn: Alison Meyers  
Diamond Bar Center  
1600 Grand Avenue  
Diamond Bar, CA 91765

OR

By Mail

Attn: Alison Meyers  
Diamond Bar City Hall  
21810 Copley Drive  
Diamond Bar, CA 91765

Visit [www.CityofDiamondBar.com](http://www.CityofDiamondBar.com) for more information and registration packet.



**The City will be accepting applications no later than: 5:30pm on Thursday, April 18, 2013 SPACES ARE LIMITED**



# VOLUNTEERS IN ACTION



## SENIOR PROGRAMMING



## SPORTS



## CONCERTS IN THE PARK



## TINY TOTS



## SUMMER DAY CAMP



# Teacher Recommendation Form Summer Volunteer Leadership Training Program

The City of Diamond Bar's Community Services Department is requesting every applicant, who is applying to be a Volunteer for our summer program to submit a teacher recommendation form along with their Volunteer application. This recommendation will help us determine this individual's qualifications for the program.

**NOTE TO TEACHER:** Please be sure to record some of your own personal comments as it could be a determining factor in whether or not an individual is accepted into the Volunteer Leadership Training Program. Student must return this form with their application no later than 5:30pm, Thursday, April 18th, 2013.

Student's Name: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_

Subject Taught: \_\_\_\_\_ School Name: \_\_\_\_\_

School Phone Number: \_\_\_\_\_

RATE 1-5	1= Needs Improvement					5 = Excellent				
Ability to complete tasks in a timely fashion	1	2	3	4	5	1	2	3	4	5
Attitude toward peers and teachers	1	2	3	4	5	1	2	3	4	5
Completes tasks with care for quality	1	2	3	4	5	1	2	3	4	5
Responds well to direction	1	2	3	4	5	1	2	3	4	5
Responds well to discipline	1	2	3	4	5	1	2	3	4	5
Has a good attendance record	1	2	3	4	5	1	2	3	4	5
Maintains a positive attitude	1	2	3	4	5	1	2	3	4	5

Please include a few comments about this student: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you have any questions please call the Community Services Division at 909.839.7062 Thank you.

Teacher Signature \_\_\_\_\_

Date \_\_\_\_\_

**SUPPLEMENTAL QUESTIONNAIRE**

Mark with an "X" on the line beside the activities listed below in which you have participated or in which you have a general knowledge.

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Arts & Crafts     | <input type="checkbox"/> Drawing       | <input type="checkbox"/> Soccer        |
| <input type="checkbox"/> Babysitting       | <input type="checkbox"/> First Aid/CPR | <input type="checkbox"/> Story Telling |
| <input type="checkbox"/> Baseball/Softball | <input type="checkbox"/> Football      | <input type="checkbox"/> Swimming      |
| <input type="checkbox"/> Basketball        | <input type="checkbox"/> Lanyards      | <input type="checkbox"/> Track         |
| <input type="checkbox"/> Computers         | <input type="checkbox"/> Music         | <input type="checkbox"/> Typing        |
| <input type="checkbox"/> Dancing           | <input type="checkbox"/> Painting      | <input type="checkbox"/> Cooking       |
| <input type="checkbox"/> Drama             | <input type="checkbox"/> Singing       | <input type="checkbox"/> Other _____   |

Have you taken a CPR course?  Yes  No If yes, when? \_\_\_\_\_

Have you taken a First Aid course?  Yes  No If yes, when? \_\_\_\_\_

If yes, with whom did you obtain certification? \_\_\_\_\_

State why you would like to become a Volunteen and note any relevant experience:

\_\_\_\_\_

\_\_\_\_\_

State what you expect to get out of being a Volunteen:

\_\_\_\_\_

\_\_\_\_\_

Range from 1-6 in the space provided listing the activities in which you are most interested and available to work in: (1 being most interested and available to work.)

- Youth Baseball (Monday-Friday Nights and Saturday—3-5 hour shifts)
- Concerts in the Park /Movies Under the Stars (Wednesday Nights—Approx. 5 hour shift)
- Tiny Tots Pantera Park (Monday-Friday -Mornings—4hours shifts)
- Tiny Tots Heritage Park (Monday-Friday -Mornings—4 hour shifts)
- Day Camp at Heritage Park (Monday-Friday—8-10 hour shifts)
- Senior Programs at the Diamond Bar Center (Wednesdays and Fridays—2-3 hour shifts)

Interviews will be based on your choices.

Place an "X" in the box next to the number of hours you can commit to working this summer:

- 40 hours     60 hours     80 hours     100 hours     120 hours

Are you going on summer vacation? When? How long? \_\_\_\_\_

Are you going to take summer school? When: \_\_\_\_\_ Where: \_\_\_\_\_

What time are you out of summer school? \_\_\_\_\_ Arrive at volunteer site? \_\_\_\_\_

What adult size T-Shirt do you wear? \_\_\_\_\_

Transportation to volunteer site:

- Walk     Bicycle     Family Member (car)     Bus     Other: \_\_\_\_\_



**RELEASE, DISCHARGE OF LIABILITY AND ASSUMPTION OF RISK**

Name of Participant (minor child): \_\_\_\_\_

Participant's Date of Birth: \_\_\_\_\_

Parent or Legal Guardian: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Emergency Telephone: \_\_\_\_\_

Program Sponsors: City of Diamond Bar, Walnut Valley Unified School District, Pomona Unified School District.

Name of Class or Activity ("the activity"): VOLUNTEEN PROGRAM

I the undersigned, certify that I am the parent or legal guardian of the above-named child. I enroll my child in the activity of my own volition and give him/her permission to participate.

My child is physically fit to participate in the activity and has not been diagnosed with any illness or medical condition that would impair his/her ability to participate in the activity. No physician has recommended against my child's participation.

I am aware that the activity poses a risk of injury to my child, and that occasionally accidents occur during activities of this kind. Knowing these risks, on behalf of myself and my child, I freely and voluntarily agree to assume all of the risks associated with participation in the activity.

In consideration of my child being permitted to enroll and participate in the activity, I agree (on my and my child's behalf, and on behalf of my and my child's successors, representatives, executors, heirs and assigns) to release and discharge the Program Sponsors from any liability, causes of action, claims or damages for personal injury, property damage and wrongful death arising from or attributable to my child's participation in the activity, whether or not such liability arises from the program sponsors' negligence in organizing, planning and implementing the activity.

I understand that by signing this instrument, my child and I (and our legal representatives, heirs, assigns or any other successors in interest) are barred from presenting any claim or instituting any civil action or present any claim for personal injury, property damage or wrongful death against the Program Sponsors who, through negligence or otherwise, might otherwise be liable to me, my minor child, my minor child's heirs, or other successors in interest for damages.

**I HAVE READ THIS RELEASE CAREFULLY AND FULLY UNDERSTAND IT. I UNDERSTAND THE RISKS INVOLVED IN THE ACTIVITY. I UNDERSTAND THAT BY SIGNING THIS RELEASE, I GIVE UP THE RIGHT TO SUE THE PROGRAM SPONSORS. I SIGN THIS RELEASE FREELY AND VOLUNTARILY WITHOUT INDUCEMENT.**

Please initial \_\_\_\_\_ In the event of a medical emergency, I authorize medical personnel attending to my child to make decisions regarding immediate medical treatment as may be necessary until such time as I can be consulted.

Please initial \_\_\_\_\_ By registering for any recreation class or activity, I grant the City of Diamond Bar permission to use my and/or my child's photograph, video or film likeness, for promotional use in any City-related media.

Participant's Parent/ Guardian Signature:	Participant's Signature If 14 years or older:
_____	_____
Date	Date

# Common Questions

## HOW ARE VOLUNTEENS SELECTED?

Applications will be accepted until 5:30pm on Thursday, April 18, 2013.

All applicants will be invited to an interview.

Forty applicants will be selected to participate in one of five programs based on interest, availability and program needs.

## HOW LONG DOES THE VOLUNTEEN PROGRAM LAST?

The Volunteen program takes place during the summer session, during the months of June, July and August.

It is not a year-round program.

Days and hours vary between programs.

## CAN I STILL BE A VOLUNTEEN IF I AM ATTENDING SUMMER SCHOOL?

It is possible to volunteer if you are attending summer school. Unfortunately, your schedule may not allow you to volunteer for certain programs. You will need to commit to working at least 40 hours throughout the 11 weeks of summer.

## DO VOLUNTEENS WEAR A UNIFORM?

Yes, as soon as you reach the work site, you must wear your Volunteen shirt. One shirt per Volunteen will be distributed at orientation.

## WHAT WILL I GAIN FROM THE VOLUNTEEN PROGRAM?

Plenty of work experience, friends, valuable lessons, leadership skills, and a better understanding of professionalism.

**If you have any further questions please feel free to Ask! Contact us at 909.839.7062.**

# Volunteens

Thank you for your interest in the Volunteen Program. In order for your application to be considered, **ALL** of the below requirements must be met:

1. Complete all **4** pages of the application and return in person to the Diamond Bar Center, 1600 Grand Ave, Diamond Bar, CA 91765 or by mail Attn: Alison Meyers, Diamond Bar City Hall, 21810 Copley Drive, Diamond Bar, CA 91765, no later than 5:30pm, Thursday, April 18, 2013.
2. **Complete and return:** Volunteen application, supplemental questionnaire, waiver of liability (all signed by parents) and signed teacher recommendation form.
3. Applicants **MUST** reside within the city limits of Diamond Bar.
4. Applicants **MUST** be 13 years of age as of June 1, 2013 or must be 15 years of age through August 16.
5. Applicants interested in Day Camp **MUST** be available to commit a minimum of 5 hours per week or 40 hours all eleven weeks in order to be considered.
6. Late applications will **NOT** be accepted.

Participant:

Name: \_\_\_\_\_

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

City, Zip Code: \_\_\_\_\_

Phone Number : \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Birth Date: \_\_\_\_\_

School Attending Now: \_\_\_\_\_ Grade Completed This Year: \_\_\_\_\_

Do you have any health problems that would affect your placement and work as a Volunteen?

Yes  No If yes, Explain: \_\_\_\_\_

List activities and interests which would be useful in the field of recreation (church, scouts, volunteer jobs, service clubs, special courses, etc.) \_\_\_\_\_

**Parent Consent:** I have read the information for the 2013 Summer Volunteen Program and give my consent for my son/daughter to apply and participate in the program, if accepted. I understand that Community Services Staff will not be responsible for the transportation to and from any activities unless otherwise specified.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date