

Sterling Heights Parks and Recreation Teen Volunteer Application



Position Descriptions

Summer Playground OR Adaptive Recreation Day Camp

Volunteers will assist the playground leaders in administering a safe, enjoyable, and well-rounded program. Volunteers should have a strong work ethic, a desire to interact with children, and the ability to take directions from supervisors. Adaptive Recreation Day Camp volunteers will fulfill the same role while assisting participants that have physical or cognitive impairments.

Important Information

Teens ages 14 - 15 may complete this application and return it to the Sterling Heights Parks and Recreation Department by June 18 (applicants will not be contacted until the week of June 21). Applicants will be given a schedule to follow and must be able to volunteer for a minimum of twenty hours between June 28 and August 5 (no program on July 5, 6).

- ✓ **Applications should be completed by the teens themselves.**
- ✓ Orientations will be conducted beginning the week of June 28.
- ✓ Applicants may be placed at a location other than their requested school.
- ✓ 14 year old volunteers can be enrolled as a participant as well.

First Name	Middle Initial	Last Name	Birth Date
Address	City	Zip Code	
Home Phone	Emergency Phone and Name	Grade Completed This June	
School Attending in Fall	Volunteer Location—1 st Choice	Volunteer Location—2 nd Choice	

Circle your preferred volunteer area:

SUMMER PLAYGROUNDS

SPECIAL RECREATION DAY CAMP

Please list any special interests, hobbies, or skills that you have: _____

References (List two not in immediate household)

Name	Telephone Number	Relationship
Name	Telephone Number	Relationship

Application Deadline: June 18, 2021 by 5:00 pm. This is a firm deadline.

TEEN VOLUNTEER (PERMISSION SLIP)

I hereby represent that I am the parent or legal guardian of: _____ who is under the age of 18 and I hereby give my child permission to participate as a TEEN VOLUNTEER for the City of Sterling Heights, the Sterling Heights Parks and Recreation Department ("City").

I understand that participation as a teen volunteer involves the risk of injury to person or property, including possible death. I understand that there are inherent risks involved in volunteering and in other activities connected with the Parks and Recreation Department, and I expressly assume on behalf of the participant and me and our heirs, personal representatives, assigns, and next of kin, the risk of and accept full responsibility for any and all injuries (including death) and accidents which may occur as a result of the participant's involvement as a teen volunteer and in recreational and other activities associated with the teen volunteer trip. In consideration of the participant's participation as a teen volunteer, and on behalf of the participant and me, and our heirs, personal representatives, assigns, and next of kin, I hereby waive, release, and discharge the City of Sterling Heights, its elected and appointed officials, employees, agents and volunteers, from any and all claims, demands, suits, causes of action, or judgments which the participant or I have arising out of or in any way connected to the teen volunteer program, for all personal injuries, including death, at said activity, or which may arise out of participating in the teen volunteer program, I further state that the above participant is in proper physical condition to participate as a teen volunteer.

I authorize the staff of the Sterling Heights Parks and Recreation Department to obtain emergency medical treatment in the event of injury. I further authorize any emergency medical service agency, hospital, or physician / dentist to administer whatever medical care in their professional opinion is necessary. I understand that I am responsible for any and all medical costs, care and transportation and that the City does not carry any medical insurance for teen volunteer program participants.

I grant permission to the City of Sterling Heights and the Parks and Recreation Department to use any photographs, motion pictures, recordings or any other record for any legitimate purpose.

ADDRESS: _____

TEEN VOLUNTEER CELL PHONE: _____

TEEN VOLUNTEER EMAIL: _____

PARENT CELL PHONE: _____

PARENT WORK PHONE: _____

EMERGENCY PHONE: _____



Due to the nature of the Teen Volunteer program, it is imperative that the Supervisor be able to contact a parent or legal guardian in the event of an emergency. Please list all telephone numbers where you can be reached at all times.

DOES THE ABOVE PARTICIPANT HAVE A MEDICAL CONDITION WE SHOULD BE AWARE OF?

NO: _____ YES: _____

EXPLAIN: _____

I have completely read this document and agree to abide by its terms and conditions.

PARENT/LEGAL GUARDIAN SIGNATURE:

DATE: _____