



<b>2019 SPRING TEEN VOLUNTEER APPLICATION FORM - #7131</b>	<b>Full payment is due at the time of registration:</b> <ul style="list-style-type: none"> <li>• Checks payable to ARPD</li> <li>• American Express</li> <li>• Discover</li> <li>• MasterCard</li> <li>• VISA</li> </ul>
Applicants must participate in the <b>Group Interview</b> scheduled on <b>Monday, March 18, 2019 (see details below)</b> . Interviews do not guarantee acceptance into the Teen Volunteer Program.	

<b>2019 SPRING TEEN VOLUNTEER GROUP INTERVIEW AND TRAINING DATES:</b>
<ul style="list-style-type: none"> <li>• GROUP INTERVIEW DATE: <u>MONDAY, MARCH 18, 2019</u> – 4:00 PM to 4:30 PM</li> <li>• TRAINING SESSION: <u>THURSDAY, MARCH 21, 2019</u> – 4:00 PM to 5:30 PM</li> <li>• INTERVIEW AND TRAINING LOCATION: ARPD MAIN OFFICE, 2226 SANTA CLARA AVE, ALAMEDA</li> <li>• COST: \$50 PER PERSON (Must be turned in with completed Teen Volunteer Program Application)</li> </ul>

TWEEN/TEEN'S NAME	BIRTHDATE	GRADE	SCHOOL
	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Home Address	City		Zip
Teen's Primary Phone #:	Teen's E-Mail Address (Write legibly)		Name of Teen's Insurance
<b>Volunteer Shirt Size (select one):</b> <input type="checkbox"/> Adult Small <input type="checkbox"/> Adult Large <input type="checkbox"/> Adult Medium <input type="checkbox"/> Adult X-Large	Teen's Medical Issues/Allergies		

TEEN'S REFERENCES (Job/Personal/School)			
NAME	TITLE	ADDRESS	PHONE

**Parent/Guardian/Main Contact Information:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Primary Phone Number \_\_\_\_\_ Secondary Phone Number \_\_\_\_\_

Parent/Guardian's Email Address \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact (Other Than Parent) \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

(Continue on other side)

**LIABILITY WAIVER**

1. Undersigned hereby releases, waives and discharges the city of Alameda, its directors, employees, agents and independent contractors from all liability to the undersigned and/or his/her personal representatives, assignees, heirs, and next of kin for any loss or damage and any claim or demands accruing or resulting from injury to the person or property or death of the undersigned, whether or not caused by the negligence and/or property of the City of Alameda, its directors, officers, employees, agents, and independent contractors.
2. Undersigned hereby assumes full responsibility for and risk of bodily injury, death or property damage, whether or not it is due to the negligence of the City of Alameda, its directors, employees, agents and independent contractors or otherwise while in, upon or about the premises of the City of Alameda and/or while using the premises or facilities or equipment, including AED machines, or program transportation thereon.

**PHOTO CONSENT:** Undersigned authorizes the City of Alameda to use your (or child's/ward's) photograph in any future educational and/or community informational purposes, (including, but not limited to the website, Activity Guide or social media) produced by the City of Alameda.

Check here if you do not give photographic consent.

**CONSENT TO TREAT:** I hereby give my consent for the City of Alameda staff to take me (or my child/ward) to the appropriate medical services and give appropriate medical authorization in the event that I cannot be immediately contacted. It is understood that the cost thereof will be at my expense.

Check here if I do not consent to treat and I request that medical or surgical services be withheld.

Undersigned has read and voluntarily signs the release and waiver of liability and indemnity agreement, and further agrees that no oral representation, statements or inducement apart from the foregoing written agreement has been made.

\_\_\_\_\_  
Signature Date  Participant

\_\_\_\_\_  
Signature Date  Parent/Guardian

.....

Check (payable to ARPD)

American Express    Discover    MasterCard    VISA:

Credit Card # \_\_\_\_\_ CVV# \_\_\_\_\_ Exp Date \_\_\_\_\_

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

Address on Card \_\_\_\_\_

*By signing, I authorize the City of Alameda to charge my credit card for the activity costs listed above.*