



## Summer 2020

The summer 2020 Teen V.I.P. Program is available to teens, ages 11-17 years old, who are interested in volunteering in programs and services that are helpful to their community. We look forward to providing teens with exciting and educational opportunities.

Due to the current COVID-19 pandemic, the Teen V.I.P. program will be completely virtual for the time being. Please note that any of the programs or opportunities we offer, may be changed at any time due to City or State laws and ordinances.

**Attention Teens:** Once the application is filled out, send a scanned copy to [kroush@ci.agoura-hills.ca.us](mailto:kroush@ci.agoura-hills.ca.us), and you will be contacted directly regarding volunteer opportunities.

**For questions regarding the 2020 Teen V.I.P. Program, please contact:**

Kaitlyn Roush at [kroush@ci.agoura-hills.ca.us](mailto:kroush@ci.agoura-hills.ca.us)

**OR** Nick Newkirk at [nnewkirk@ci.agoura-hills.ca.us](mailto:nnewkirk@ci.agoura-hills.ca.us)



## Teen V.I.P. 2020 Volunteer Application

|   |   |                      |
|---|---|----------------------|
| <b>Volunteer Name:</b>                      |   |                      |
| <b>Address:</b>                             |   |                      |
| <b>City:</b>                                | <b>Zip Code:</b>                        |                      |
| <b>Home Phone:</b>                          | <b>Cell Phone:</b>                      |                      |
| <b>Volunteer Email:</b>                     | <b>DOB:</b>                             | <b>Age:</b>          |
| <b>What day is your last day of school?</b> | <b>Are you a returning VIP?</b>         |                      |
|   |   |                      |
| <b>School you attended last year:</b>       | <b>Grade &amp; School (going into):</b> |                      |
|   |   |                      |
| <b>Parent/Guardian:</b>                     | <b>Parent Email:</b>                    |                      |
| <b>Address:</b>                             |   |                      |
| <b>City:</b>                                | <b>Zip Code:</b>                        |                      |
| <b>Phone Number:</b>                        | <b>Cell Number:</b>                     |                      |
|   |   |                      |
| <b>Emergency Contact:</b>                   | <b>Phone Number:</b>                    | <b>Relationship:</b> |
|   |   |                      |

*\*Email will be the main form of communication. Be sure to put email addresses that can be checked daily.*

**Age group(s) you would most like to work with:**

- Tot (3-5)  
  Youth (6-10)  
  Teen (11-17)  
  Adult (18+)  
  Older Adult/Senior (50+)

**Type of opportunities you are interested in:**

- Letter Writing (Military or Seniors)  
  Tutoring  
  Teen Program  
  Senior Living Facilities (Virtual)

Do you have any ideas for new and/or innovative, virtual volunteer opportunities? \_\_\_\_\_

\_\_\_\_\_



**City of Agoura Hills - Department of Community Services**  
**Parent General Release, Waiver and Indemnity Agreement**  
**EMERGENCY MEDICAL RELEASE**

CHILD NAME: \_\_\_\_\_ AGE: \_\_\_\_\_  
                                First                                Last

NAME OF PARENT/GUARDIAN: \_\_\_\_\_  
  First  Last

ADDRESS: \_\_\_\_\_  
                        Street  City  Zip

HOME PHONE: \_\_\_\_\_ WORK: \_\_\_\_\_ CELL: \_\_\_\_\_

CHILD'S PHYSICIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

**EMERGENCY CONTACTS OTHER THAN PARENT/GUARDIAN:**

NAME: \_\_\_\_\_ PHONE NUMBER(S): \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE NUMBER(S): \_\_\_\_\_

Are there any medical or physical conditions (including allergies) of the child that we should be made aware of?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section 1** I, (insert name of parent or guardian) \_\_\_\_\_, certify that I am the parent or legal guardian of (insert name of minor) \_\_\_\_\_ ("Child") and that I am entitled to his or her custody and control and I do hereby give my permission for the Child to participate in **Teen VIP Program**. I understand that "participation" in the Program may include preparing for, traveling, receiving instruction, and engaging in the Program. I further certify that the Child is in good health and has no physical or other impediment, which would endanger him or her while participating in the Program. **Section 2** I realize that, by participating in this Program, the Child will be exposed to a risk of injury or death. **Section 3** In consideration of permitting the Child to enroll in and participate in the Program, I agree (on behalf of myself, the Child, my heirs, executors, administrators, and assigns) to release, discharge, waive, and relinquish the City of Agoura Hills (and its officers, agents, employees, and volunteers) from any and all liabilities, claims and actions for personal injury, property damage, or wrongful death which arise out of or relate to the Program, whether or not the liability, claim, or action arises out of negligence or carelessness on the part of the City of Agoura Hills (or its officers, agents, employees, or volunteers). **Section 4** I further agree (on behalf of myself, the Child, my heirs, executors, administrators, and assigns) to indemnify, defend, and hold harmless the City of Agoura Hills (and its officers, agents, employees, and volunteers) from any and all liabilities, claims, or actions for personal injury, property damage, or wrongful death which arise out of or relate to the Child's participation in the Program, whether or not the liability, claim, or action arises out of negligence or carelessness on the part of the City of Agoura Hills (or its officers, agents, employees, or volunteers). **Section 5** I understand the dangers incidental to participating in the Program. I have discussed the dangers of the Program and the need for safety precautions with the Child. I have read this General Release, Waiver and Indemnity Agreement and am fully aware of the legal consequences of signing it. **Section 6** I authorize any emergency medical attention, which may be needed for my child.

**Parent or Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# Agoura Hills Recreation Department Behavior Policy

It is our goal to provide a safe, positive and fun experience for all participants in our programs. In order to achieve this goal, the following program policies must be followed:

## Expected Behavior

- Be respectful and courteous to staff.
- Be respectful of the feelings of others.
- Participate in planned activities.
- Follow instructions and rules given by staff.
- Exhibit and maintain positive attitudes toward the environment and facilities.
- Exhibit and maintain respect for all property, facilities and equipment, both public and private.
- Adhere to all rules and regulations.

## Unacceptable Behavior

- **Vandalism.** Damaging city property or the property of others.
- **Theft.** Stealing property or equipment of others.
- **Abusive language, swearing or profanity.** No profanity, vulgar language or swearing. This also includes abusive language (i.e. name calling, etc.), obscene gestures and threats of injury towards others.
- **Fighting.** No physical fighting (i.e. pushing, shoving, hitting, etc.). If you have a problem with others in the program, discuss the problem with Staff. If a fight breaks-out, the participants (including anyone who encourages the fighting) will be subject to immediate suspension.
- **Touching.** Our recreation program policy is one of "hands-off." Holding hands, arm-in-arm, hugging and kissing are not appropriate. Sexual harassment or indecency will not be tolerated.
- **Alcohol, Drugs, Tobacco and other Substances.** Taking, distributing, or possessing illegal drugs or tobacco is prohibited and is grounds for immediate suspension. Permanent felt pens, aerosol spray cans of any type, glue and whiteout are not to be brought.
- **Weapons or Dangerous Objects.** Possession of any firearm, knife, explosive or other dangerous object is prohibited and is grounds for immediate suspension.

## Discipline Policy

Except as indicated above, consequences for misbehavior are usually progressive and reflect the severity of the unacceptable behavior. Notwithstanding, one severe act could lead to expulsion from our programs. Any criminal act will be reported immediately to law enforcement officials.

Listed below is a progression of discipline:

- **First Offense:** Parent/guardian notification; Warning; Time out from group/Loss of privileges (period of time to be determined by incident and age of participant)
- **Second Offense:** Parent/guardian notification; Time out from group/loss of privileges (period of time to be determined by incident and age of participant); Parent/guardian notified to pick up participant from program; possible suspension
- **Third Offense:** Parent/guardian notification; Suspension; Expulsion; Parent/guardian notified to pick up participant from program
- **Note:** No refund will be given if a participant is suspended or expelled from the program.

I HAVE READ THE BEHAVIOR CODE AND FULLY UNDERSTAND ITS CONTENT AND AGREE TO ABIDE BY THE RULES THEREIN. I UNDERSTAND THAT APPROPRIATE CONSEQUENCES WILL BE GIVEN IN THE EVENT I DISREGARD THE BEHAVIOR CODE

Participant Signature: \_\_\_\_\_

Date \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date \_\_\_\_\_