

Fall 2020

The fall 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.

<u>Attention Teens:</u> Once the application is filled out, send a scanned copy to kroush@agourahillscity.org, 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@agourahillscity.org

OR Nick Newkirk at nnewkirk@agourahillscity.org





Teen V.I.P. 2020 Volunteer Application

	Volunteer Name:						
	Address:						
	City:		Zip Code:				
	Home Phone: Volunteer Email:		Cell Phone:				
			DOB:	Age:			
			Are you a returning VIP	?			
	School you are attending: Parent/Guardian:		Grade: Parent Email:				
	Address:						
	City: Phone Number:		Zip Code: Cell Number:				
	Emergency Contact:	Phone Number:	Relationship:				
	*Email will be the mai	n form of communication. Be sure to p	ut email addresses	s that can be checked daily.			
Age gr	oup(s) you would mo	ost like to work with:					
□Tot (3-5)	☐Teen (11-17) ☐Adult (18+) ☐	J Older Adult/Sen	ior (50+)			
Туре о	f opportunities you	are interested in:					
□Lette	Letter Writing (Military) □Tutoring □Teen Program/Event Planning □Reading/How-To Videos						
Do you	ı have any ideas for n	ew and/or innovative, virtual volun	teer opportuniti	es?			



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	J:			PHONE:	
		N PARENT/GUARDI		DED(C):	
NAIVIE:			PHONE NOIVII	BER(S):	
NAME:	PHONE NUMBER(S):				
Are there any med	ical or physical co	onditions (including	allergies) of th	e child that we should be made aware of?	
participate in Teen VIP engaging in the Prograher while participating Section 3 In consideral executors, administrativolunteers) from any a Program, whether or nagents, employees, or indemnify, defend, and or actions for personal or not the liability, claim or volunteers). Section need for safety precau	"("Child") and the Program. I underst m. I further certify t in the Program. Section of permitting thors, and assigns) to rend all liabilities, claim volunteers). Section I hold harmless the Cinjury, property damm, or action arises out 15 I understand the dutions with the Child.	at I am entitled to his of and that "participation" that the Child is in good ton 2 I realize that, by pose Child to enroll in ancelease, discharge, waives and actions for person or action arises out of 4 I further agree (on but of Agoura Hills (and it lage, or wrongful death to finegligence or careleangers incidental to par I have read this Gene	or her custody and in the Program in the Program in health and has not articipating in this distriction and relinquish the participation of myself, it is officers, agents which arise out of essness on the participating in the Foral Release, Waive health of the Participating in the Foral Release, Waive health of the Participating in the Foral Release, Waive health of the Participating in the Foral Release, Waive health of the Participating in the Foral Release, Waive health of the Participating in the Foral Release, Waive health of the Participating in the Participating	that I am the parent or legal guardian of (insert name of mind d control and I do hereby give my permission for the Child may include preparing for, traveling, receiving instruction, are physical or other impediment, which would endanger him as Program, the Child will be exposed to a risk of injury or deather Program, I agree (on behalf of myself, the Child, my heir he City of Agoura Hills (and its officers, agents, employees, any damage, or wrongful death which arise out of or relate to the elessness on the part of the City of Agoura Hills (or its officer he Child, my heirs, executors, administrators, and assigns) are employees, and volunteers) from any and all liabilities, claim for relate to the Child's participation in the Program, whether tof the City of Agoura Hills (or its officers, agents, employees) rogram. I have discussed the dangers of the Program and the er and Indemnity Agreement and am fully aware of the legation of the program and the program a	
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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 A	BIDE 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					
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