

Summer 2022



# IMPORTANT V.I.P. INFORMATION

The Summer 2022 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 leadership opportunities.

## **Application Process**

Each teen interested in volunteering must complete the attached application. In order to participate, the following forms must be signed by a parent/legal guardian and returned with the application: Emergency Medical Release, Behavior Policy, Fingerprinting form, and the Parent Authorization Pick-Up Notice. Please review the age requirement and job description for each volunteer activity and select assignments from the list provided before selecting activities.

All volunteers will need to be vaccinated and must show proof at time of enrollment.

Turn in the completed application, along with your **\$25.00** registration fee, to the Agoura Hills Recreation and Event Center. Applications will be accepted throughout the school year.

As required by law, those new to the program need to be fingerprinted **before their first scheduled in-person shift** (*form & more information included in packet on pgs. 5-6*). Fingerprinting is free to you through our suggested Live Scan agency.

## **Orientation Meeting**

Teens are required to attend a **MANDATORY** orientation meeting with a City of Agoura Hills staff member. Teens will not be able to start volunteering until they attend an orientation meeting.

The Orientation meeting will take place on:

**Friday, June 10<sup>th</sup>, 2022 at 6pm via Zoom**

## **Contact Information**

Rob Williams, Community Services Coordinator

[rwilliams@agourahillscity.org](mailto:rwilliams@agourahillscity.org)

(818) 597-7324

### **OFFICE WORK \*AGES 13-17**

Work at the front desk of the Agoura Hills Recreation and Event Center! You will help us with a variety of projects, from filing paperwork and greeting customers to helping set up for recreation classes. You will get hands-on experience in a real office setting!

**Location:** Recreation Center

Activity Name	Day	Date(s)	Time	Positions Available
Front Desk	M-F	6/13-8/19	9:30am-12:30pm	1 per day

*\*Days and times are subject to change*

### **Seniors \*Ages 11-17**

Description Enhance our program with your presence. Our participants enjoy our Teen volunteers each summer. **Location:** Recreation & Event Center

Activity Name	Day	Date(s)	Time	Positions Available Per Shift
Bingo Caller	T	6/14-9/27	12:00-3:00pm	1 per day
Tech Help - Videos	TBD	TBD	TBD	1 per day

### **SPECIAL EVENTS \*AGES 11-17**

Help us run our annual special events! Special Events require a lot of "behind the scenes" work, and we would love to have your help! **Location:** Parks, local schools, etc.

Activity Name	Day	Date(s)	Time	Positions Available Per Shift
Concert in the Park	Sun	6/19, 7/10, 8/7, 8/21	6/19, 8/7 & 8/21 – 3:00-9:00pm 7/10 – 3:00-7:00pm & 6:00-10:00pm	10+ per event
Concert Band	Sat	7/24	5:00-8:30pm	5 per event
Movie in the Park	Sat	6/11, 7/9	6:30-10:30pm	3 per event
Reyes Adobe Days (Fall)	TBD	TBD	TBD	10 per event

### **CAMPS \*AGES 11-17**

Description Enjoy working with children, being silly, and having fun? Tiny Tot and Rec Club is the place for you! Join us in providing a fun and safe camp experience. **Location:** Recreation & Event Center

Activity Name	Day	Date(s)	Time	Positions Available Per Shift
Camp Agoura – Tiny Tot	M-F	6/13-8/19	9:00am-1:00pm	1 per day
Camp Agoura – Rec Club	M-F	6/13-8/19	9:00am-2:00pm	2 per day

### **Miscellaneous \*AGES 11-17**

Tell us what you would like to do! Example: Host a Book Club or host a How To workshop for your favorite video games.

**Location:** Recreation & Event Center

Activity Name	Day	Date(s)	Time	Positions Available Per Shift
Photographer (camps/parks/classes)	TBD	TBD	TBD	1 per day
Tell Us What You Would Like to do	TBD	TBD	TBD	1 per day



## **VOLUNTEER PROGRAM**

### **ACKNOWLEDGEMENT OF WORKERS' COMPENSATION**

As a volunteer for the City of Agoura Hills, although you are not an employee of the City of Agoura Hills, you are covered under the City of Agoura Hills' workers' compensation plan. The City of Agoura Hills adopted a resolution extending workers' compensation coverage to certain volunteers in specified categories pursuant to Labor Code Section 3363.5. As a volunteer, you are covered under the City of Agoura Hills's workers' compensation plan, which entitles you to exclusive remedy for any injury suffered while performing said volunteer duties.

Here is a section of the resolution for your reference:

#### **City of Agoura Hills, Los Angeles County, California Resolution 91-691 states:**

Now, therefore be it resolved that the City Council of the City of Agoura Hills does hereby:

1. Find and determine that the public interest is best served by providing workers compensation coverage for city volunteers as specified by the City Manager, and
2. Provide eligibility for said volunteers for workers compensation benefits which will be applicable during the time the person actually performs volunteer services, provided, however, that the rights of volunteers shall be limited as set forth in the labor code.

If you have any questions regarding the program, please contact Celeste Bird, Administrative Analyst, at (818) 597-7306.



## FINGERPRINTING

As required by law, those new to the program need to be fingerprinted **before their first scheduled shift**. Fingerprinting is free through our suggested Live Scan agencies listed below. Teens must bring the **completed form** on the next page, their **Birth Certificate** and a **School ID/Government issued photo ID** to one of the Live Scan offices.

### Live Scan Location

#### Live Scan Services

##### Postal Annex

##### Twin Oaks Shopping Center

5737 Kanan Rd

Agoura Hills, California 91301

**Cross Street:** Thousand Oaks Blvd.

Phone: [\(818\) 707-9197](tel:8187079197)

Fax: (818) 707-9199

[pa170@postalannex.com](mailto:pa170@postalannex.com)

#### Store Hours

Mon.-Fri.: **9:00am - 6:00pm**

Saturday: **10:00am - 3:00pm**

Sunday: **Closed**

#### ACCU-PRINTS

301 Science Dr. Suite 132

Moorpark, CA 93021

(805) 529-5288

#### Hours of Operation

##### Appointments and Walk in's

Monday	9:00 to 12:00 and 1:00 to 5:00
Tuesday	9:00 to 12:00 and 2:00 to 7:00
Wednesday	9:00 to 12:00 and 1:00 to 5:00
Thursday	9:00 to 12:00 and 2:00 to 5:00
Friday	9:00 to 12:00 and 1:00 to 4:00



### REQUEST FOR LIVE SCAN SERVICE

[Print Form](#)

[Reset Form](#)

#### Applicant Submission

A1734 \_\_\_\_\_ Volunteer \_\_\_\_\_  
ORI (Code assigned by DOJ) Authorized Applicant Type

Volunteer \_\_\_\_\_  
Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

#### Contributing Agency Information:

City of Agoura Hills \_\_\_\_\_ 00187 \_\_\_\_\_  
Agency Authorized to Receive Criminal Record Information Mail Code (five-digit code assigned by DOJ)  
30001 Ladyface Court \_\_\_\_\_ Celeste Bird \_\_\_\_\_  
Street Address or P.O. Box Contact Name (mandatory for all school submissions)  
Agoura Hills \_\_\_\_\_ CA 91301 \_\_\_\_\_ (818) 597-7306 \_\_\_\_\_  
City State ZIP Code Contact Telephone Number

#### Applicant Information:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Suffix \_\_\_\_\_  
Other Name \_\_\_\_\_ First \_\_\_\_\_ Suffix \_\_\_\_\_  
(AKA or Alias) Last  
Date of Birth \_\_\_\_\_ Sex  Male  Female  
Driver's License Number \_\_\_\_\_  
Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_  
Billing Number 100229 \_\_\_\_\_  
(Agency Billing Number)  
Place of Birth (State or Country) \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Misc. Number N/A \_\_\_\_\_  
(Other Identification Number)  
Home Address Street Address or P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Your Number: N/A \_\_\_\_\_  
OCA Number (Agency Identifying Number)

Level of Service:  DOJ  FBI

If re-submission, list original ATI number:  
(Must provide proof of rejection)

Original ATI Number \_\_\_\_\_

#### Employer (Additional response for agencies specified by statute):

Employer Name \_\_\_\_\_ Mail Code (five digit code assigned by DOJ) \_\_\_\_\_  
Street Address or P.O. Box \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_ Telephone Number (optional) \_\_\_\_\_

#### Live Scan Transaction Completed By:

Name of Operator \_\_\_\_\_ Date \_\_\_\_\_  
Transmitting Agency \_\_\_\_\_ LSID \_\_\_\_\_ ATI Number \_\_\_\_\_ Amount Collected/Billed \_\_\_\_\_

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## Teen V.I.P. 2022 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>Grade &amp; School:</b>	<b>Are you a returning VIP?</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 you can check 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+)

How did you learn about the V.I.P. Teen Volunteer Program? \_\_\_\_\_

What size t-shirt do you wear (adult sizes)?  Small    Medium    Large    X-Large    XX-Large

Why do you want to be a Teen Volunteer? \_\_\_\_\_





**Date:** March 1, 2019  
**To:** The Parent(s) and/or Guardian(s) of Teen Volunteers  
**From:** Celeste Bird, Administrative Analyst  
**Subject:** Fingerprinting of Teen Volunteers

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Please be informed that State law mandates criminal record checks for public recreation staff (full-time, part-time, volunteer and contract), including **fingerprinting**, if they work with minors, children under the age of 18 years old. Under current law, working with minors means direct contact with minors; or in a position of supervisory or disciplinary authority over minors. (Reference: California Education Code § 10911.5 or California Public Resources Code § 5164). In addition, a supplemental application asking if the individual has been convicted of certain specified offenses is required before the first day of service.

Therefore, prospective Teen Volunteers must be fingerprinted. There is no minimum age requirement for volunteers to be fingerprinted. The City of Agoura Hills will not allow any Teen Volunteer into the field without fingerprint clearance.

If you have any questions or concerns, please the Agoura Hills Recreation and Event Center at (818)597-7361.

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Parent Name (Please Print)

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Signature



**CITY OF AGOURA HILLS**  
**PARENT AUTHORIZATION PICK-UP NOTICE**

I understand that as a part of the City of Agoura Hills Department of Community Services "Teen V.I.P Program" I must inform staff if anyone other than myself will be picking up my child/children. The following people are the only people that I permit to pick up my child/children. I understand that if someone **NOT** listed on this form tries to pick up my child/children, "City of Agoura Hills" staff will **NOT** allow my child/children to leave the site without a written notice signed by me.

**Volunteer Name:**

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Name	Relationship to Child	Contact Phone Number

**Please circle Yes or No to the following statements:**

1. My child can sign themselves in and out. **Yes No**

**If no, please explain** \_\_\_\_\_

2. My child can meet me at the car to be picked up. **Yes No**

**If no, please explain** \_\_\_\_\_

3. My child can walk or ride their bike home. **Yes No**

**If no, please explain** \_\_\_\_\_

Parent/Guardian Signature	Date



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 \_\_\_\_\_



## 2022 Activity Selection

<b>Name:</b>	<b>Age:</b>
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What is the **FIRST** date you are available to volunteer? : \_\_\_\_\_

What is the **LAST** date you are available to volunteer? : \_\_\_\_\_

Referring to the activities listed in this packet, list the activities you would like to work this year - **in order of priority**.

*\*Note: putting down an activity does not guarantee there will be positions available.*

List the Activity name with the dates and times preferred, or if no preference, write "Open".

1. **Activity:** \_\_\_\_\_ **Dates/Times:** \_\_\_\_\_

2. **Activity:** \_\_\_\_\_ **Dates/Times:** \_\_\_\_\_

3. **Activity:** \_\_\_\_\_ **Dates/Times:** \_\_\_\_\_

4. **Activity:** \_\_\_\_\_ **Dates/Times:** \_\_\_\_\_

5. **Activity:** \_\_\_\_\_ **Dates/Times:** \_\_\_\_\_

6. **Activity:** \_\_\_\_\_ **Dates/Times:** \_\_\_\_\_

Please list vacation dates and/or other foreseeable schedule conflicts:

Dates (From)	Date (To)	# of Day(s)	OR # of Week(s)
1.			
2.			
3.			
4.			
5.			