



**Application Due by 5/3/2019**

**CITY OF WEST SACRAMENTO PARKS AND RECREATION  
TEEN HERO VOLUNTEER APPLICATION  
(AGES 13-15)**

**PERSONAL INFORMATION**

Name:

Date of Birth:

Home Phone:

Cell Phone:

Current Address:

City:

State:

ZIP Code:

E Mail Address:

School:

Grade:

Parent or Guardian's Name:

Parent or Guardian's E Mail Address:

Parent or Guardian's Phone Number:

**EMERGENCY CONTACT INFORMATION**

Emergency Contact #1 Name:

Address:

Phone:

City:

State:

ZIP Code:

Relationship:

Emergency Contact #2 Name:

Address:

Phone:

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|       |        |           |
|-------|--------|-----------|
| City: | State: | ZIP Code: |
|-------|--------|-----------|

Relationship:

**PHYSICAL ABILITIES**

Are there any specific accommodations desired/needed to provide the fullest participation in this activity (as related to medical condition, medicine, allergies; and/or developmental, physical, mental, learning, hearing, visual, or other specific considerations)?

NO  
 YES, please explain: \_\_\_\_\_

**VOLUNTEER EXPERIENCE INFORMATION**

Do you have any previous volunteer experience working with children?

|                       |           |           |
|-----------------------|-----------|-----------|
| Name of organization: | Position: | How long? |
|-----------------------|-----------|-----------|

Duties performed:

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|                            |        |
|----------------------------|--------|
| Name of person to contact: | Phone: |
|----------------------------|--------|

|                       |           |           |
|-----------------------|-----------|-----------|
| Name of organization: | Position: | How long? |
|-----------------------|-----------|-----------|

Duties performed:

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|                            |        |
|----------------------------|--------|
| Name of person to contact: | Phone: |
|----------------------------|--------|

**REFERENCES (TEACHER, CHURCH GROUP REP, ETC..)**

|       |        |        |
|-------|--------|--------|
| Name: | Title: | Phone: |
|-------|--------|--------|

|       |        |        |
|-------|--------|--------|
| Name: | Title: | Phone: |
|-------|--------|--------|

|       |        |        |
|-------|--------|--------|
| Name: | Title: | Phone: |
|-------|--------|--------|

**SPECIAL TALENTS OR INTERESTS**

Please list any special talents or interests that you have that may be beneficial to your volunteering with children (sports, crafts, music, drama, games, foreign language, or trainings):

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**WHY DO YOU WANT TO VOLUNTEER**

Please explain why you would like to volunteer with youth and what you will contribute to our youth programs.

**SPECIAL NOTES**

- Volunteers must be at least 13 years of age prior to beginning of program.

- Eligible candidates must be fingerprinted prior to being placed at work site. Fingerprinting will be provided by the City of West Sacramento prior to being placed at work site.

- Volunteers are depended on as part of the team and are making a large time commitment.

- Eligible applicants will be contacted by email or phone to set up an interview.

**SIGNATURE**

I hereby certify that all statements made in this application are true and complete to the best of my knowledge and that false statements may subject me to disqualification or dismissal from the volunteer program.

Signature of applicant:

Date: