Dear Sailing Helper and Recreation Kayak Support (SHARKS) Applicant,

The SHARKS program is for 14-17 year old youth who are interested in community service hours with the City of Ventura Sailing and Kayaking program at the Leo Robbins Community Sailing Center. The program consists of approximately eight to ten volunteers that assist with the Sailing and Kayaking Summer Camp program. Candidates must be at least 14 years of age by 6/1/19 and have completed 8th grade. Exceptions may be made for our age requirements based on skill level, instructor approval or certifications. Participants will be selected upon completion of the two types of applications as well as an interview and a practical sailing/kayaking skills exam. In addition, all SHARKS will need to be available for four weeks of the Sailing and Kayaking Camp.

As a SHARK you will work under the supervision of experienced Sailing and Kayaking instructors and counselors and will expand your sailing and kayaking skills, gain valuable experience working with young children, planning camp activities and performing light maintenance duties. The benefits of becoming a SHARK include accumulating community service hours, having fun with kids, spending your summer outside learning valuable work ethics, leadership and seamanship skills as well as personal development.

How do I apply and what is the process?

A. Review this packet with your parents and discuss why you want to be a volunteer SHARK and if this program is right for you.

B. Complete the required forms:
   City Volunteer Application, SHARKS Supplemental Application and emergency card.
   Submit all forms no later than 5/13/19 to:

   Preferred Method: E-mail to Tjyoung@cityofventura.net
   OR
   501 Poli st room 226
   Ventura CA 93001
   Attn: Tyler Young

C. After 5/13/19, qualified applicants will be invited to participate in an interview. If successful, the candidate will then be invited to a practical sailing/kayaking exam with a written test. Applicants will be notified by May 15th if they have been selected to interview. All SHARKS will be scheduled for a two-hour training in June, date not yet determined.

Thank you for your interest in the City of Ventura SHARKS program.

Tyler Young – Recreation Coordinator
   tijyoung@cityofventura.net
   (805) 658-4746
Sailing Helper and Recreation Kayak Staff (SHARKS)
Supplemental Questions

The SHARKS program with the City of Ventura Parks and Recreation Department is held at the Leo Robbins Community Sailing Center. This program is targeted towards youth ages 14-17 years interested in volunteering with the Sailing and Kayaking Summer Camp program. We are looking for leaders who are positive role models, responsible, fun, enthusiastic, and who work well with others. Please complete this form and submit with your volunteer application form no later than: Friday, May 13th 2019

Name: ______________________________ Phone number: _________________________

Email address: ________________________________ Shirt Size________

Please respond briefly to the following questions (use the back for additional space if needed):

1. Tell us about yourself and how would your friends and teachers describe you?
   ________________________________________________________________________
   ________________________________________________________________________
   ________________________________________________________________________

2. Why have you chosen to apply to the SHARKS volunteer program with the City of Ventura?
   ________________________________________________________________________
   ________________________________________________________________________
   ________________________________________________________________________
   ________________________________________________________________________

3. What summer camps have you attended in the past? What did you enjoyed most and least about the program?
   ________________________________________________________________________
   ________________________________________________________________________
   ________________________________________________________________________
   ________________________________________________________________________

4. What are you expecting from the SHARKS program and what do you hope to gain from this volunteer opportunity?
   ________________________________________________________________________
   ________________________________________________________________________
   ________________________________________________________________________
   ________________________________________________________________________

Signature_________________________________________ Date_____________________

Submit SHARKS Supplemental Application no later than 5/13/19 to:

Preferred Method  Email: Tjyoung@cityofventura.net
City of Ventura – Parks and Recreation Dept
501 Poli Rm 226, Ventura, CA 93001
Attn: Tyler Young
SUMMER 2019 AVAILABILITY FORM
City of Ventura - SHARKS Program

Name_________________________________________________________ Shirt Size________________

Cell phone:____________________________________Email Address:____________________________________

Please indicate below what weeks you are available to work. We will schedule you based on your availability for the entire week, unless needed otherwise. Being available for the whole week, 8:30-4 is preferred; if you know that you cannot commit to Mon-Fri (8:30-4), please list why so that we can consider you for Half Day assignment.

*Fill in the dates with (FULL DAY, PM, AM, or OFF) Full Days take priority

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<thead>
<tr>
<th>Example</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
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<tbody>
<tr>
<td>Week 1</td>
<td>6/17-6/21</td>
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<td>Week 2</td>
<td>6/24-6/28</td>
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<td>Week 3</td>
<td>7/1-7/5 No Camp on the 4th</td>
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<td>Week 4</td>
<td>7/8-7/12</td>
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<td>8/12-8/16</td>
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Please List any dates that you know you will not be able to work during the Summer: (Vacation, Travel, School, Appointment, etc.)

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Camp hours are from 9am-4pm, however, however you will be asked to arrive at 8:30am.

I understand that as a SHARK I will need to be available for at least four weeks of the Sailing and Kayaking Camp.

Signature: _____________________________ Date: ______________
Volunteer Ventura! Application

Volunteer Information

Date: ____________________

Gender: □ Female □ Male

□ Name: ____________________________________________________________

Address: __________________________________________________________
City:__________________ Zip:_____

Phone: ___________________________ Cell: ___________________________

Email: ___________________________________________ Date of Birth: __/__/____

Emergency Contact_________________________________________ Phone:__________

□ Employed Full time □ Employed Part-time □ Unemployed/Laid off

□ Homemaker □ Retired □ Other: __________________________

□ Middle School Student □ High School Student □ College Student

School: ___________________________ Grade/Year: ________________

Availability, Interests & Skills

How did you hear about our volunteer program? __________________________________

When are you available to volunteer? Check all that apply and fill in hours below.

□ Mon □ Tue □ Wed □ Thurs □ Fri □ Sat □ Sun

_____ _____ _____ _____ _____ _____ _____

I am interested in volunteering:

□ Weekly □ Semi-weekly □ Monthly □ Seasonal □ As Needed

□ One-time □ Other __________________________

Reason for volunteering (check all that apply):

□ Contribute to the community □ Enhance college application/Enhance resume

□ Meet new people □ Renew job skills/Learn new skills

□ Community service for school or club (___hours per _____________)

□ Internship

□ Court mandated (# of hours ____ Due: ___/___/___) Offense: __________________________

Probation/Court contact: ___________________________ Phone: ______________________

What volunteer opportunities are you interested in? Please check all that apply:

□ City Events/Cultural Programs

□ Clerical/General Office Assistance

□ Coach (youth sports)

□ Gardening

□ Internship - list area of interest/field of study ____________________, _______________

□ Public Information - City Hall Ambassador

□ Senior Centers/Senior Nutrition Program

□ Volunteers in Policing (VIP’S) and Resource Centers *(minimum age: 18)

□ Youth After School Programs

□ Other ____________________, ____________________, ____________________
Are you bilingual? □ No □ Yes – if yes, besides English, what other languages do you:
Speak _____________________ Read ____________________ Write ____________________
Speak _____________________ Read ____________________ Write ____________________

Skills: ______________________________________________________

Hobbies: ______________________________________________________

Specialized skill, training, education: ______________________________________

Restrictions/Limitations
Do you have difficulty with the following? Check where applicable:
☐ Lifting ☐ Walking ☐ Standing ☐ Sitting ☐ Hearing ☐ Speaking ☐ Writing ☐ Eyesight

Tell Us More About Yourself
What do you want to get out of volunteering? ______________________________________
_____________________________________________________________________________
What are your areas of interest/focus? _____________________________________________
_____________________________________________________________________________

Personal References
Please list two non-family members who can provide references on your ability to perform volunteer tasks and duties:

(1)Name: ___________________________________ Phone No. ____________________
(2)Name: ___________________________________ Phone No. ____________________

VOLUNTEER LIABILITY WAIVER

By signing this volunteer waiver, I agree to the following:
1. I release, waive, discharge, and covenant on behalf of myself and my minor children not to sue the City of San Buenaventura (“City”), their elected and appointed officials, agents, volunteers, and employees (“Releasees”) from all liability to me, or my minor children, for any loss or damage, and any claim or demands on account of personal or property injury or because of my, or my minor children’s death, whether caused by Releasees’ negligence or otherwise, while I, and my minor children, participate in the City of Ventura Volunteer Program.
2. I further agree to defend, indemnify, and hold harmless the City and its officers, employees and agents, from and against any and all claims, suits, actions, liability judgment and expenses that may arise by reason of services I, or my minor children, provide as a volunteer or that are connected in any way therewith. I will pay all costs incident to any claim, including, without limitation, attorneys’ fees.
3. I expressly agree that the foregoing release, waiver, and indemnity agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.
4. I grant permission for the City to use my, or my minor children’s image, filmed or photographed during volunteer activities, to promote its services and programs.
5. In case of serious injury, I give my permission for City personnel to seek any medical treatment should it become necessary.
6. I have read and voluntarily sign this release, waiver of liability, and indemnity agreement, and further agree that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

_________________________________________   ________
Signature of volunteer applicant                      Date
_________________________________________   __________
Signature of parent/guardian if under 18                     Date

Received___________ Entered __________ by ____
As the parent/legal guardian of __________________________________________

I consent to my child's treatment by any and all medical procedures deemed necessary as a result of accident or injury. These actions may include, without limitation:

1. Attempting to contact a parent/legal guardian at the locations indicated on this card.
2. Attempting to contact a parent/legal guardian via any of the alternate persons indicated on this card.
3. Obtaining emergency medical assistance including, without limitation, transportation via ambulance to a hospital upon recommendation by emergency personnel. Should this become necessary, I authorize any physician and/or medical staff at a licensed hospital to provide necessary medical treatment to my child until I am notified. I understand this authorization is given in advance of any required treatment.

As parent/guardian, I agree to pay any and all costs incident to my child's medical treatment.

In consideration of the City of San Buenaventura permitting my child to participate in the Recreation Program, I release the City of San Buenaventura, its elected and appointed officials, agents, certified volunteers, and employees (collectively "City") from all liability to me and/or my child for any loss or damage, including, without limitation, my child's injury or accidental death. I will indemnify and hold City harmless from and against all claims arising from my child's participation in the Recreation Program. I will pay all costs incident to any claim, including, without limitation, attorneys' fees. I expressly agree that this agreement is intended to be as broad and inclusive as is permitted by the law of the State of California. I give permission to the City of San Buenaventura Department of Parks, Recreation & Community Partnerships to use my image or my child's, filmed during program activities, to promote its services and programs. I understand the photograph belongs to the City and I will not receive payment of any kind.

☐ I authorize my child to be released from the after school program/camp without adult supervision at _________ (specify the hour).

Signature: __________________________________________ Date: _____________