



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

tjyoung@cityofventura.net

(805) 658-4746



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**COMMUNITY
 SAILING CENTER**
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CITY OF
VENTURA
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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 (830-4), 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

		Monday	Tuesday	Wednesday	Thursday	Friday
Example	*****	<u>FULL DAY</u>	<u>FULL DAY</u>	<u>Avail. AM</u>	<u>Full Day</u>	<u>OFF</u>
Week 1	6/17-6/21					
Week 2	6/24-6/28					
Week 3	7/1-7/5 No Camp on the 4 th					
Week 4	7/8-7/12					
Week 5	7/15-7/19					
Week 6	7/22-7/26					
Week 7	7/29-8/2					
Week 8	8/5-8/9					
Week 9	8/12-8/16					

Please List any dates that you know you will not be able to work during the Summer:
(Vacation, Travel, School, Appointment, etc.)

Date(s)	Reason

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: _____

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 _____

_____ Child's Name _____ Date of Birth _____
 Child's Age _____ School _____ Grade _____
 Mother's Name _____
 Home Phone _____ Bus. Phone _____
 Address _____
 Father's Name _____
 Home Phone _____ Bus. Phone _____
 Address _____
 Email Addresses: _____

Person to contact if parents are unavailable _____ Home Phone _____ Business Phone _____
 Address _____
 Name of Physician or Clinic _____
 Address _____
 Emergency Hospital Preference _____

Does your child have any allergies or special medical problems? _____

 Child's overall health status _____

 Name of persons authorized to pick up child:

(1) _____ Relationship _____
 Phone _____
 (2) _____ Relationship _____
 Phone _____

WAIVER FORM & MEDICAL RELEASE

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: _____