



Covina Parks & Recreation Department LEADERS-IN-TRAINING PROGRAM 2024 APPLICATION PACKET



GENERAL INFORMATION

FOR: Teens 12-17 years of age (must be at least age 12 by June 1 and not turn 18 until September 1, 2024 or later.)

PURPOSE:

- To provide a leadership and training program for teens interested in public service.
- To guide teens by building a foundation, knowledge, attitudes, and skills for future employment.
- To provide a positive summer activity and valuable work experience for teens.

REGISTRATION:

- All forms must be completed and returned in-person by 5:30 p.m. on **Monday, April 15** to:

City of Covina Parks & Recreation Department, 1250 N. Hollenbeck Avenue

- Only the **first 30** completed applications will be accepted. A waiting list will be established after the first 30 completed applications have been accepted.
- **\$55 registration fee must be paid at time application is submitted.** Registration fee is non-refundable unless program administrators are unable to place teen with an appropriate assignment.

INTERVIEW INFORMATION

Wednesday, April 24

OR

Thursday, April 25

Location: Parks & Recreation
Department

All teens **MUST** attend an interview to participate in the program.
Teens will schedule an interview time upon submittal of application.

- Arrive on time, interviews will take no more than 20 minutes.
- Dress appropriately for an interview.
- Parents will not accompany teen into the interview room.

ASSIGNMENT INFORMATION

Assignments and L.I.T. Program Handbook will be emailed to participants by **Thursday, May 9**. This email will contain all of the pertinent information as it relates to assigned program area and program policies. All program areas will provide an in-service training to teens so they are well prepared to assist.

VACATION LIMITATION:

- At most assignments, a maximum of two weeks' vacation time will be approved.

RESPONSIBILITIES:

- Teens will be assigned as aides to staff and will be supervised at all times.
- If possible, teens will receive assignments in their area of interest as indicated on the application. Assignments in each area are limited, so teens may be assigned to other areas than requested.
- Teens must wear the L.I.T. T-shirts and comply with the L.I.T. dress code. Dress code will be reviewed at every assignment and listed in the L.I.T. Handbook.
- Teens will be expected to fulfill their commitment to the program. Failure to successfully complete the program **will** result in forfeiture of ALL recognition/rewards.

RECOGNITION/REWARDS:

- Teens who successfully complete the program (participate the entire length of their assignment) will receive a letter verifying their volunteer hours and an Amazon gift card as a thank you. Denominations will be determined by available funds and sponsorships. L.I.T. who go above and beyond will be eligible for additional recognition/rewards.

If you have any questions, please email leaders@covinaca.gov or contact the Parks & Recreation office at (626) 384-5340, Monday-Thursday and alternate Fridays, 9:30 a.m.-5:30 p.m.



**City of Covina
Parks & Recreation Department
2024 LEADERS-IN-TRAINING PROGRAM**

<i>Office use only:</i>	
Date Received	_____
Time	_____
Initials	_____
App #	_____

Application must be filled out completely by teen applicant. Print neatly using blue or black ink. Do not leave any lines blank. If the information requested does not apply, please write "N/A."

Name: _____ Age: _____ Birth Date: ____/____/____
 Address: _____ City: _____ Zip Code: _____
 Phone: _____ Email: _____
 Current School: _____ Grade in Fall 2024: _____

Will you be under the age 18 through September 1, 2024? Yes No
If you will turn age 18 before September 1, 2024, you may not participate in the program.

Adult T-Shirt Size (circle): Small Medium Large X-Large XX-Large
(Please make sure to choose the correct size. Select only ONE size. No exchanges will be made.)

**Can you volunteer 4-20 hours per week for the length of the program June 10 through August 16?
 Not all assignments are the full 10 weeks.**

Please circle: Yes No

List ALL days and times you are available to volunteer June 10-August 16:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Date return to school: _____

Will you be attending summer school?

Please circle: Yes No Unsure If yes, dates/time: _____

Are there any other commitments you have that may interfere with your assignment (extracurricular, athletic, or personal/family)? If yes, please explain:

List date(s) and time(s) below:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

List any sports you like to play or watch: _____

List interest hobbies, or extracurricular activities: _____

Do you like to read? If yes, list your favorite book(s): _____

State why you want to participate in this program: _____

Please check the appropriate box. This information will only be used to help assign teens to an appropriate volunteer assignment and will not be used as a basis for acceptance into the Leaders-in-Training program.

	<u>Agree</u>	<u>Disagree</u>	<u>Unsure</u>
I enjoy working with people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I consider myself to be physically active.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would rather spend time indoors than outdoors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I enjoy being around children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I enjoy community events like concerts in the park.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arts and crafts are fun.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I enjoy playing sports.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I enjoy spending my time at the library.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I enjoy participating in activities with adults and seniors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I don't mind cleaning up trash and other messes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Number the following areas 1-6, with 1 being your most preferred assignment area:

- ___ Senior Services ___ Youth Day Camp ___ Summer Events (concerts & events in the park)
___ Library Services ___ Youth Sports ___ Community Development (City Hall)

Signature of Teen: _____

Date: _____

Signature of Parent/Guardian: _____

Date: _____

Covina Parks & Recreation Department

2024 LEADERS-IN-TRAINING PROGRAM

To Be Completed by Parent or Guardian

TEEN'S NAME	LAST	MIDDLE	FIRST	GENDER	TELEPHONE ()
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HOME ADDRESS	NUMBER	STREET	CITY	ZIP	BIRTH DATE
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PARENT'S/GUARDIAN'S NAME	LAST	MIDDLE	FIRST	PRIMARY PHONE ()
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HOME ADDRESS	NUMBER	STREET	CITY	ZIP	E-MAIL ADDRESS
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PARENT'S/GUARDIAN'S NAME	LAST	MIDDLE	FIRST	PRIMARY PHONE ()
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HOME ADDRESS	NUMBER	STREET	CITY	ZIP	E-MAIL ADDRESS
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DOES YOUR TEEN HAVE ANY ALLERGIES OR OTHER CONDITIONS THAT STAFF NEED TO BE AWARE OF OR THAT REQUIRE ACCOMMODATION?

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

IN THE EVENT OF A MEDICAL EMERGENCY OR INJURY, 9-1-1 WILL BE CONTACTED

CONSENT TO MEDICAL TREATMENT OF A MINOR

In the event of illness, accident, or injury which may occur while said minor is engaged in the Leaders-in-Training program, I hereby authorize and give my consent pursuant to California Family Code section 6910, to the City of Covina, its officials, officers, employees, agents, volunteers, and any other promoters, operators, or cosponsors of the Activity, to seek medical or dental treatment for said Minor as shall be necessary under the circumstances from a physician licensed under the laws of the State of California.

I also hereby authorize any health or medical facility providing care pursuant to California Family Code section 6910 to surrender physical custody of said Minor to the City upon completion of treatment. This authorization is given pursuant to Health and Safety Code section 1283.

I understand transportation is not provided by the City to and/or from assignment locations. I give permission for my child to walk to and from assignments. Please initial: _____ YES _____ NO

PRINT NAME OF PARENT/GUARDIAN **SIGNATURE OF PARENT/GUARDIAN** **DATE**



Parks & Recreation Department
2024 LEADERS-IN-TRAINING PROGRAM



NAME: _____

WAIVER AND RELEASE OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

For and in consideration of the City of Covina furnishing facilities, supervisors, equipment or expenses for (print minor's name) _____ to participate in the Leaders-in-Training program during and all associated activities included in the program provided to the minor with the sole intent and understanding to participate, the undersigned acknowledges, affirms, represents, and covenants, he/she is of lawful age and is the lawful guardian of named minor and has the sole right and authority to execute this agreement on behalf of the minor in that he/she has not sold, assigned, transferred, conveyed, hypothecated or otherwise disposed of his/her right and authority.

The undersigned, his/her heirs, executors, administrators, successors, assigns, directors or agents, hereby release, waive, discharge and relinquish any actions or causes of action, demands, rights, damages, costs, loss of services, expenses and any and all claims whatsoever, which may hereafter arise for or to minor, himself/herself and for his/her heirs, executors, administrators, successors or assigns and shall not prosecute or present any claim to the City of Covina, its elected officials, directors, officers, agents, employees, council members, administrators, or any other persons, firms, corporations, associations or partnerships (hereinafter referred to as "releasees") for any causes of action including, but not limited to, losses caused by the active or passive negligence of the releasees.

(Print minor's name) _____ and/or undersigned acknowledges, affirms and understands and assumes all risk inherent in the Leaders-in-Training program and all incidental activities associated therewith and said activities involve a risk of serious physical injury and/or death to minor's person and damage to property and the undersigned is permitting minor to participate with full and complete knowledge of said risks. This waiver and release specifically exempts, relieves and releases the releasees from all liability for personal or bodily injury, including wrongful death and property damage.

The undersigned, for minor and for himself/herself, his/her heirs, executors, successors, administrators or assigns agrees that in the event of any claim of the minor and/or undersigned for personal or bodily injury, property damage or wrongful death against releasees, that the undersigned shall indemnify, defend and hold harmless the releasees, from and against any and all liability, suits, actions, proceedings, judgements, claims, liens, losses, damages (whether in contract or in tort, including personal and bodily injury, death or property damage), costs and expenses, including attorneys' fees, litigation, arbitration and mediation expenses) of every nature or kind which arise from, are caused by, or which are alleged to have arisen from or to have been caused by, or in conjunction with, any and all acts, or omissions, whether negligent or otherwise.

The undersigned acknowledges that he/she has read the foregoing and, has been fully and completely advised concerning the contents and ramifications of the same and is fully aware of legal consequences of signing this document. Based upon the independent evaluation of the risk, I affirm and reaffirm my knowledge and express assumption of the risk and dangers set forth hereinabove and sign this release and waiver of liability freely and voluntarily without any inducement, assurance or guarantee being made to me and intend my signature to be a complete and unconditional release of liability to the greatest extent allowed by law.

Minor's/Child's Name (printed): _____

Parent's/Guardian's Name (printed) Parent's/Guardian's Signature Date