

For Office Use Only  
Receipt #  
Date  
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**SANTA ROSA RECREATION & PARKS DEPARTMENT**  
**WORK EXPERIENCE PROGRAM APPLICATION**  
***DUE BY TUESDAY, April 4<sup>th</sup> 2023***

Please refer to the "Work Experience Program" flyer for specific details and requirements of each program. **Applicants should fill out the application themselves**, and please print clearly in pen.

**Applicant's Last Name:** \_\_\_\_\_ **First:** \_\_\_\_\_ **MI:** \_\_\_\_\_

**Your Parent's Last Name:** \_\_\_\_\_ **First:** \_\_\_\_\_ **MI:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **E-Mail (IMPORTANT!)** : \_\_\_\_\_

WRITE NEATLY!!!

**2<sup>nd</sup> Email (OPTIONAL)** : \_\_\_\_\_

**City:** \_\_\_\_\_ **ST:** \_\_\_\_\_ **ZIP Code:** \_\_\_\_\_  **Resident**  **Non-Resident**

**Phone: (Home)** \_\_\_\_\_ **(Work)** \_\_\_\_\_ **(Emergency)** \_\_\_\_\_

**Date of Birth: Month** \_\_\_\_\_ **Day** \_\_\_\_\_ **Year** \_\_\_\_\_ **Course ID: 57681**

**Shirt Size:** \_\_\_\_\_ (Adult Small, Medium, Large, X-Large, XX-Large)

**Fees:**  **\$115.00 Registration** (This fee includes training, admission to field trips and 1 volunteer work shirt—additional shirts may be available at ORIENTATION on May 10<sup>th</sup> for \$10.00 each)

**\$25.00 sweatshirt (optional) Size** \_\_\_\_\_ (Sweatshirts must be pre-paid at the time of registration and WILL NOT be available for sale after May 10<sup>th</sup>)

**Total Paid** \_\_\_\_\_

Did you participate in the Work Experience program in 2022?  Yes  No

If yes, which program area? \_\_\_\_\_ Was this program your 1<sup>st</sup> Choice?  Yes  No

Rank the programs below that you would be interested in by order of preference using (1) as your first choice, (2) as your second choice, etc. Many program areas are limited in the number of Work Experience participants they can take. **(We cannot guarantee that you will be accepted into your first choice, so please indicate a second and third choice.)** If no additional choices are marked, you may be offered what is available or be declined as a program participant. *For more information on these Work Experience program areas, please see the orange Work Experience flier or the Activity Guide, or visit [santarosarec.com](http://santarosarec.com)*

**Camps**

\_\_\_ Camp Wa-Tam  
\_\_\_ Doyle Camp  
\_\_\_ Camp Yu-Chi

**Aquatics**

\_\_\_ Finley Swim Aide  
\_\_\_ Finley Jr. Lifeguard\*\*  
\_\_\_ Ridgway Jr. Lifeguard\*\*  
\_\_\_ Ridgway Swim Aide  
\_\_\_ Ridgway Concession Aide

**Howarth Park**

\_\_\_ Animal Barn  
\_\_\_ Amusement Area Assistant  
\_\_\_ Boat House

**Neighborhood Services** (measure O subsidy available)

\_\_\_ Helen Lehman Elementary  
\_\_\_ Santa Rosa City School TBA

\_\_\_ Meadow View Elementary  
\_\_\_ Roseland School District School TBA

**\*\*Junior Lifeguard applicants must complete a Level 6 Lifeguard Preparedness or have successfully completed the Open Water Junior Lifeguard course offered by the Sonoma County Regional Parks Department by 6/12/23.**

**OVER**

1. Please list any special skills or experience you have that is related to the program you are interested in:

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2. What are some of your extracurricular hobbies and interests?

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3. What experience do you have working with children or the public?

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4. Why do you want to participate in the Work Experience program for the Santa Rosa Recreation and Parks Department this summer? \_\_\_\_\_

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5. Where did you hear about our Work Experience program? \_\_\_\_\_

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6. If you participated in 2022 in the Work Experience Program, what is one area you could improve in? What do you think you excelled in? \_\_\_\_\_

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7. Optional: School \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_  Male  Female

8. Is your School still in session during In-service training June 5<sup>th</sup> – June 9<sup>th</sup> ?  Yes  No

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In consideration for the City of Santa Rosa (hereinafter “City”) providing Work Experience training, I understand and agree that I am volunteering my services without any anticipation of financial compensation for said services from the City.

It is further agreed and understood that by participating in the Work Experience program I am not entitled to participate in any pension plan, medical, or dental plans, or any other benefit provided by the City for its employees except as may be required by law.

WITNESS SIGNATURE (Must be at least 18 years old):

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SIGNATURE OF PARTICIPANT:

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DATED: \_\_\_\_\_

PRINT NAME (of Witness):

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SIGNATURE OF PARENT OR GUARDIAN, WHERE STUDENT OR PARTICIPANT IS LESS THAN 18 YEARS OLD:

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DATED: \_\_\_\_\_

DATED: \_\_\_\_\_

City of Santa Rosa  
Recreation and Parks Department  
Finley Community Center, 2060 W. College Ave., 543-3737  
Steele Lane Community Center, 415 Steele Lane, 543-3282

