

For Office Use Only
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SANTA ROSA RECREATION & PARKS DEPARTMENT
WORK EXPERIENCE PROGRAM APPLICATION
DUE BY FRIDAY, APRIL 3rd, 2020

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!!!

2nd Email (OPTIONAL) : _____

City: _____ **ST:** _____ **ZIP Code:** _____ **Resident** **Non-Resident**

Phone: (Home) _____ **(Work)** _____ **(Emergency)** _____

Date of Birth: Month _____ **Day** _____ **Year** _____ **Course ID: 00021744**

Shirt Size: _____ (Adult Small, Medium, Large, X-Large, XX-Large)

Fees: **\$100.00 Registration** (This fee includes training, admission to field trips and 1 volunteer work shirt—additional shirts may be available at ORIENTATION on May 6th for \$8.00 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 6th)

Total Paid _____

Did you participate in the Work Experience program last year? Yes No

If yes, which program area? _____ Was this program your 1st 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*

Camps

- ___ Camp Wa-Tam
- ___ Doyle Camp
- ___ Camp Yu-Chi

Sports

- ___ Sports Clinic CIT*

Aquatics

- ___ Finley Swim Aide
- ___ Finley Jr. Lifeguard**
- ___ Ridgway Jr. Lifeguard**
- ___ Ridgway Swim Aide
- ___ Finley Concession Aide

Howarth Park

- ___ Animal Barn
- ___ Amusement
- ___ Area Assistant
- ___ Boat House

Neighborhood Services (measure O subsidy available)

- ___ Lincoln Elementary
- ___ Roseland Accelerated Middle
- ___ Meadow View Elementa
- ___ Santa Rosa City School TBA

*For Sports programs, a "CIT" is "Coach in Training"

**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 to 6/17/20.

OVER

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

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

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

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

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

6. If you participated last year in the Work Experience Program, what is one area you could improve in? What do you think you excelled in? _____

7. Optional: School _____ Grade _____ Age _____ Male Female

8. Is your School still in session during In-service training June 1st – June 5th ? Yes No

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):

PRINT NAME (of Witness):

DATED: _____

SIGNATURE OF PARTICIPANT:

DATED: _____

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

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

