



CITY OF ANTIOCH
Recreation Department
Junior Recreation Leader Program

4703 Lone Tree Way
Antioch, CA 94531
(925) 776-3050
www.antiochca.gov

PLEASE TYPE OR PRINT IN INK

Incomplete or illegible applications may be rejected. All statements are subject to verification.

Office Use Only

- Accepted
Rejected

Please check off all areas of interest: (must be 13 -15 years old)

- Water Park Sports Office Support Camp Aide Facility/Operations Preschool

APPLICANT:

Last First Middle

Street Address: City State Zip D.O.B.

Cell Phone: Home Phone: Email:

Parent/Guardian:

Last First Middle

Street Address: City State Zip

Cell Phone () Home Phone ()

Email Address

Parent/Guardian: (complete entirely if address is different from above address)

Last First Middle

Street Address: City State Zip

Cell Phone () Home Phone ()

Email Address

Junior Leader Acknowledgement

I, _____, hereby state and agree as follows:

1. I understand and acknowledge I will receive no salary or benefits extended to City of Antioch employees except for coverage under the City's Workers' Compensation Program for any injury sustained during performing these services.
2. I hereby release the City, its officers, agents, and employees from all liability, claims, cause of action, or actions, arising out of or occasioned by bodily injuries or property damages sustained by me because of my volunteer services to the City, except as otherwise provided under Workers' Compensation law, and agree to indemnify and hold harmless the City from any such liability, claim, cause of action or actions.
3. I understand and agree that this application does not constitute a contract for the leadership program for any definite duration. The length of time depends upon on the quality of the job that I do as a trainee.
4. I understand and agree that as a program participant I will be fingerprinted and provide the City with a copy of a negative (TB) test obtained from my physician.

I represent and warrant that I have read and fully understand the preceding and seek to participate in the Junior Leadership Program conditions.

Participant's Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

(since participant is a minor, must have both signatures OR only parent/guardian's)

List any volunteer or paid work you have done:

EDUCATION & TRAINING

Circle Highest Grade Completed 8 9 10 11

| Schools attended | Location | |
|------------------|----------|--|
| | | |
| | | |

FINGERPRINTING AND TB TEST REQUIREMENTS

State law requires that all public parks and recreation employees and volunteers who have direct contact with minors submit one set of fingerprints to the Department of Justice. Also required, proof of a negative Tuberculosis (TB) Test within the past 2 years. These conditions are mandatory for consideration in the training program. Once an application has been approved, information on fingerprinting location will be provided to the participant.

PARENTAL CONSENT FORM

In the event of illness or emergency, please call: _____
Name Phone Number

I have reviewed the Junior Recreation Leader application and registration form and give my consent for _____ to participate in the training program subject to the terms and conditions expressed therein. I give consent to the City of Antioch to photograph or video the participant for any legitimate purpose by the City of Antioch.

SIGNATURE _____ DATE _____