

Junior Recreation Leader **PROGRAM**



Summer 2025

Thank you for your interest in our Junior Recreation Leader Program. This program provides teens ages 12.5 - 15 with the opportunity to develop leadership skills through volunteer work experience. Participants gain experience through the application and interview process, receive training in a variety of leadership skills with our Youth Development experts and work at our Coyote Hills Summer Camp, Youth Sports Camp, Senior Center and other recreation programs.

Youth work under the direct supervision of the Camp Director and Recreation Leaders. Junior Recreation Leaders are expected to treat this position as a job. It is essential for participants to be committed, punctual, and responsible. Junior Recreation Leaders (JRL's) are volunteers who help various programs for the City of Antioch Recreation Department. They shadow part-time staff, assist when needed, and gain valuable experience throughout their time as a Junior Recreation Leader. The program hours are generally Monday – Friday, between 8:30am-4:00pm at various recreation sites throughout Antioch. Junior Recreation Leaders are expected to be punctual and must be picked up at the end of the program day. Ask staff about available transportation options, if needed.

Applicants need to indicate their availability for the summer. We understand that families schedule vacations and other activities over the summer, so a short period when the applicant is not available does not disqualify the student. However, scheduling to miss 10 or more days of the program will affect applicant ranking.

Space is limited. Failure to attend the mandatory training **June 11th - 13th** <u>will</u> result in dismissal from the program. The attached application must be fully completed; <u>incomplete applications will not be considered.</u> The application deadline is **May 16th.** Applications submitted after the deadline will not be considered.

If you have any questions, please contact La'Nae Jackson at (925) 776-3073 or email: ljackson@antiochca.gov.

Thank you, City of Antioch, Recreation Department



Junior Recreation Leader APPLICATION



Please TYPE OR PRINT IN INK

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

APPLICANT INFORMATION

I am aware that I am expected to be able to attend BOTH recreation sites listed below :

Antioch Community Center 4703 Lone Tree Way Assist during activities with children ages 5-12

Antioch Senior Center 415 W. 2nd Street

Date

Assist seniors ages 50+ in activities & programs

Signature

Participant Information

Full Name:	Age:		
Address: Street Address, City, State, Zip			
Cell Phone :	E-Mail :		
Name of School :	Grade Completed as of June 2024:		

Parent/Guardian Information

Full Name:

Address: Street Address, City, State, Zip

Cell Phone & Home Phone:	E-Mail:
Daytime Phone	

4703 Lone Tree Way	(925) 776-3050 415 W. 2nd Street www.antiochca.gov Antioch CA 94509	
Office Use Only:	Date Submitted:	Accepted Denied

EXPERIENCE

List any clubs you belong to:

What are two future goals or aspirations you currently have?

What are you most looking forward to during this program?

Why do you think you would be a good fit to be a Junior Recreation Leader?

Who is a role model to you and why?

Vacations & Trips

Our Junior Recreation Leader Program takes place from June 23 - August 1st. We also have mandatory program training June 11-13. Please list any dates that you would be unable to attend.

Opportunity Leads Here

For the Applicant

Type/write in your name where indicated and email this form to one or two individuals who can attest to your work ethic and skills. Ask your reference(s) to type or write their responses and sign the form. (Note: We highly recommend that your references be teachers, coaches, counselors etc. rather than friends or family.) You must attach at least one typed or hand-signed Letter of Recommendation to your application packet by the deadline. You may include up to two (2) letters of recommendation.

Applicant Name:

For the Reference

The person named above is applying to take part in the City of Antioch's Junior Recreation Leadership Program, a six-week training and professional development program for students rounding the age of employment. The selected students will be in a challenging training environment and will receive leadership and professional training. To succeed, the participants must be highly motivated and be able to adjust to working with people of different social/cultural and professional backgrounds. We value your honest assessment of the applicant in helping us select the most appropriate participants.

Instructions: Please type the answers to the questions, print the form, sign by hand and return this form to the applicant. If you would like to add additional comments, we encourage you to do so by emailing ljackson@antiochca.gov.

- ____ I strongly recommend this applicant
- ____ I recommend this applicant
- ____ I have minor reservations about recommending this applicant
- ____ I have major reservations about recommending this applicant
- ____ I do not recommend this applicant

How long, and in what context, have you known this applicant?

What are the applicant's strengths?

Why do you believe that the applicant will be a successful participant in the Junior Recreation Leadership Program?

Do you think the applicant would adapt well to unfamiliar environments and new situations? Why or why not?

Reference Name (Printed):

Reference Signature:

Date:

ANTIOCH CALIFORNIA

WALK WAIVER

(Waivers for Junior Recreation Leaders who walk to and/or from program)

I, ______, give my child, ______, permission to walk to and from the Junior Recreation Leader program. I understand my child will not be supervised on his/her walk to the program or home.

<u>Waiver & Release</u>: I the undersigned, in consideration of participation in the activity listed above agree to indemnify and hold harmless the City of Antioch agents and its employees from any and all liability for any injury suffered by the above named participant arising out of or in any way connected with participation in the activity.

Locations (Check all that apply):	-		
Antioch Community Center, 4703 Lone Tree Way Antioch, CA 94531			
Antioch Senior Center, 41	5 W. 2nd Street Antioch CA 94509		
<u>Dates (Check all that apply):</u>			
All Program Dates:	June 23, 2025 - August 1, 2025		
One Program Day:			
Multiple Program Dates	: 		
Parent or Guardian Name (Printed):			
Parent or Guardian Signature:	Date:		



Junior Recreation Leader CHECKLIST

June 23 to August 1, 2025

Completed Application - Parent/Guardian information and Signatures Required

Submit Letter of Recommendation(s)

Check your email regularly for an email from our team.

Due Date: May 16, 2025 by 5:00pm

Scanned and emailed to Ijackson@antiochca.gov & fortiz@antiochca.gov or In-person to the Antioch Community Center 4703 Lone Tree Way Antioch, Ca 94531 or In-person to the Antioch Senior Center 415 W 2nd Street Antioch, Ca 94509

ACTIVITY REGISTRATION FORM

CITY OF ANTIOCH

Recreation Department 4703 Lone Tree Way Antioch, CA 94531 (925) 776-3050

Refund Policy—Please Read!

The City of Antioch will be happy to arrange a transfer to another class/activity or arrange a refund. Customer requested refunds or transfers may be requested in writing NO LATER THAN 5 business days prior to the first day of class. All refunds are subject to a \$7 service charge per activity unless class/activity is canceled by the City of Antioch Recreation Department. You will receive an email confirmation if your refund/transfer is approved. Refund policies may be different for swim lessons. Registrations made less than 5 business days prior to the beginning of the first class will not be subject to refunds. You may also register with your credit card at activenet.active.com/antiochrecreation



Non-Resident

No Cash in Drop Box Please Faxed Registration Forms Are Not Accepted

Antioch Resident

REGISTRATION FORM (Limited to Family Members Only)

Adult Information (Please Print)

First Name	Last Name		Date of Birth/ /
Address	City		Zip
Phone 1	Phone 2	E-Mail	
Emergency Contact	Relationship		Phone

Participant Name Date of Birt	Date of Birth	Gender	Activity #	Activity Name	Class Start Date	Fee
			#11815	Junior Recreation Leaders	6.11.25	\$0.00
	_					
						-
	_					
	_					
Fee Assistance	Program Donation: Fi	inds youth i	n need to par	ticipate in classes and activities. MY DONA	TION AMOUNT IS:	\$
ree Assistance	Frogram Donation. Fu	inus youun i	in need to par	incipate in classes and activities. MIT DONA	TON ANOUNT 15:	Ŷ

Please note: Personal checks being used for payment must be pre-printed with customer information. TOTAL FEES:

Date:

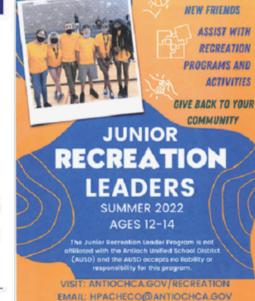
Check if participant has Special Needs requiring special accommodations

ASSUMPTION OF RISK, RELEASE, HOLD HARMLESS AND CONSENT TO MEDICAL TREATMENT AND PHOTOS.

On behalf of myself and any minor child named above, I acknowledge that I am (minor is) in good physical condition to participate in the activity but that accidents and injuries can arise from such participation. Knowing these risks and in consideration of acceptance of my application, I voluntarily desire to participate (have minor participate) in this activity and assume all risks and waive and release City and its officers, employees and agents from any claims or liability for personal injury (including death) or property damage arising from or connected with participation in the activity, even if the liability may arise out of negligence or carelessness of the City or its officers, employees and agents, who through negligence or carelessness might otherwise be liable to me (or my heirs or assigns). In the event of injury or illness, I consent to and agree to be responsible for costs for transportation to a medical facility and whatever examination, procedure or treatment considered necessary by the medical personnel. This assumption of risk, release and hold harmless is binding on my heirs, dependents, executors, administrators, and assigns. I agree to abide by any rules and regulations for the activity. I give consent to the City of Antioch to photograph or video the participant for any legitimate purpose by the City or sponsors of this activity.

Signature:

FORM MUST BE SIGNED TO PROCESS APPLICATION



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HAVE FUN & MAKE