

CITY of YORBA LINDA PARKS & RECREATION

2022 - 2023

Teen Action Committee Application Packet

The Yorba Linda Teen Action Committee program is a leadership-based volunteer organization, designed for 7th and 8th Grade middle school students who live in or attend a public or private school in Yorba Linda.

For your application to be considered, please follow these steps:

1. Review the **Teen Action Committee Program Description** and complete the **Application and Wavier** with your parent/guardian. Be sure you include the appropriate signatures.
2. Submit the completed application by **Friday, September 2, 2022, at 5:00p.m.** to the Thomas Lasorda Jr. Field House, 4701 Casa Loma Avenue, Yorba Linda 92886.
3. A **Teacher Recommendation Form** has also been included in this packet. This form is to be completed by a current or past teacher. Teacher recommendations must also be received by **Friday, September 2, 2022, at 5:00p.m.** Please give teachers the form with plenty of notice to complete on time.

Applications and recommendations can be emailed to:
Teenvolunteer@yorbalingca.gov

City of Yorba Linda Parks and Recreation
Attn: T.A.C. Program
4701 Casa Loma Ave.,
Yorba Linda, CA 92886

Upon receipt of the above materials, your information will be reviewed, and you will be contacted during the **week of September 5, 2022**, regarding a potential interview.

Thank you for your interest in the City of Yorba Linda's Teen Action Committee Program.

CITY of YORBA LINDA PARKS & RECREATION

TEEN ACTION COMMITTEE 2022-2023 PROGRAM DESCRIPTION

TEEN ACTION COMMITTEE 2022-2023

The City of Yorba Linda Parks and Recreation Department is currently looking for enthusiastic and responsible 7th and 8th grade middle school students to form the Teen Action Committee (T.A.C.) for the 2022-2023 school year.

Purpose: To provide positive leadership, recreational, educational, and social opportunities to middle school students during non-school hours. Teen Action Committee members will participate in a variety of community service projects as well as assist in planning and implementing city-sponsored events.

Mission Statement: T.A.C membership provides opportunities for local youth to learn and practice leadership and citizenship skills that empower them to give back to their community and beyond.

Benefits: T.A.C. members will not only develop leadership skills through activities and events but will gain a sense of accomplishment by participating in educational, recreational and social opportunities. T.A.C. members will also have the opportunity to meet new people outside of their school. Other opportunities include meeting and serving the residents of the Yorba Linda community at different special events. This community service recognition can be used for high school and/or college applications.

Requirements: All T.A.C. members are required to attend a monthly meeting, one service project event per month, and commit to volunteering a minimum of twenty hours (20) of community service for City of Yorba Linda's special events and/or other nonprofit programs. T.A.C. members are expected to actively participate and contribute during all meetings and assigned programs.

Duties: Duties may include, but are not limited to, meet to plan and assist with the planning of teen events, participate in initiatives from both local and national nonprofit organizations, and volunteer for City programs and special events.

If you have questions or need more information, please contact the Thomas Lasorda Jr. Field House at (714) 961-7192.

**CITY of YORBA LINDA
PARKS & RECREATION**

TEEN ACTION COMMITTEE APPLICATION 2022-2023

NAME: _____ AGE: _____ BIRTH DATE: _____

ADDRESS: _____ EMAIL: _____

CITY: _____ ZIP CODE: _____

CELL PHONE: _____ PARENT CELL: _____

SCHOOL (CURRENT): _____ GRADE (CURRENT): _____ T-SHIRT SIZE: _____

Please attach additional page(s) if necessary.

1) Please list any previous leadership, volunteer, and/or community service experience:

2) Please list any previous extracurricular activities you have participated in:

3) Please describe in detail what contributions you will bring to the T.A.C. and how:

4) Please share how you want you want to give back to your community:

Certificate of Applicant:

I certify that all statements in this application are true and complete to the best of my knowledge. I have reviewed the information provided and understand the requirements and time commitment of the Teen Action Committee program. I understand that any false statements will subject me to disqualification.

Signature of Applicant: _____ Date: _____

Signature of Legal Guardian: _____ Date: _____

**CITY of YORBA LINDA
PARKS & RECREATION**

**TEEN ACTION COMMITTEE PROGRAM
TEACHER RECOMMENDATION**

As a key component in the success of our Teen Action Committee program, the City of Yorba Linda's T.A.C. Members are expected to be mature, responsible, and reliable individuals capable of working well with others. To ensure these qualities, we require each applicant to submit a teacher recommendation, which will be considered when his/her application is reviewed. This evaluation is a confidential document, which will help us determine the individual's strengths and weaknesses. Please be sure to record some of your own personal comments, as this could be a determining factor in whether or not an individual is accepted into our Teen Action Committee program. Your time and thoughts are greatly appreciated. Please contact (714) 961-7192 with any questions.

Student's Name: _____

Teacher's Name: _____ Subject Taught: _____

School Name: _____ School Phone Number: _____

School Address: _____

Please rate on a scale of 1 – 5: 1 = Needs Improvement 3=Average 5 = Excellent

Ability to complete tasks in a timely fashion	1	2	3	4	5
Attitude towards peers and teachers	1	2	3	4	5
Positively contributes to class via discussions/questions	1	2	3	4	5
Maturity and recognition of personal responsibilities	1	2	3	4	5
Demonstrates initiative in starting tasks/projects	1	2	3	4	5
Responds well to direction	1	2	3	4	5
Responds well to discipline	1	2	3	4	5
Is punctual and has a good attendance record	1	2	3	4	5
Maintains a positive attitude	1	2	3	4	5

Overall recommendation: (check one) **RECOMMEND** **DO NOT RECOMMEND**

Please write a few comments about this student (attach additional page if needed):

Recommendations must be received by Friday, September 2, 2022 at 5:00p.m.

City of Yorba Linda Parks and Recreation
Attn: T.A.C. Program
4701 Casa Loma Ave.
Yorba Linda, CA 92886

Recommendations can also be emailed to Teenvolunteer@yorbalindaca.gov

This program is not affiliated with the school or school district. The school district does not endorse or sponsor this activity.



REGISTRATION ACCOUNT SETUP FORM

Participant Information

Form with fields: First Name, Last Name, DOB, Street Address, City, State, Zip, Phone, Email

PRIVACY STATEMENT: The City of Yorba Linda takes your privacy seriously. Instructors will receive only the name, current age, address and phone number of participants.

ALL PERSONS ARE PROHIBITED FROM PARTICIPATING IN A CITY OF YORBA LINDA ("CITY") PARKS AND RECREATION PROGRAM ("PROGRAM") PRIOR TO EXECUTING AND SUBMITTING THIS WAIVER ("WAIVER") TO THE CITY.

- 1. The City of Yorba Linda, its employees, officials, and agents, are not responsible for any loss, alternation, corruption or other damage to my personal property...
2. I understand and agree that any material downloaded, viewed or otherwise obtained through the event/class is done at my own risk...
3. I hereby warrant and agree, that the conditions of my property, both personal and real, are suitable for participation in the event/class...
4. RELEASE OF LIABILITY AND INDEMNIFICATION - In consideration for the City's acceptance of this registration in City Program(s), I agree to release, indemnify, defend, and hold harmless City and its officers, agents, employees, or volunteers...
5. PHOTO/VIDEO RELEASE - The City may take, use, and publish photos, videos, and/or audio recordings of participants for publicity purposes.
6. MINOR MEDICAL RELEASE - In the event my child is injured or ill, I hereby authorize City Personnel to consent to medical treatment for my child.

I understand that City programs DO NOT qualify as childcare for tax purposes.

(IF THE PARTICIPANT IS A MINOR) I, _____, hereby warrant that I am the custodial parent/legal guardian of _____, who is a minor. I CERTIFY THAT I HAVE READ, UNDERSTAND AND VOLUNTARILY SIGN THIS WAIVER AND RELEASE ON BEHALF OF MY HEIRS, SUCCESSORS, AND ASSIGNS AS IT APPLIES TO MYSELF AND TO ANY MINORS FOR WHOM I AM SIGNING.

I, _____, CERTIFY THAT I HAVE READ AND UNDERSTAND THIS WAIVER AND RELEASE AND SIGN IT VOLUNTARILY.

X _____ Date: _____
Adult Participant/Parent/Guardian Signature for Minor Participant Signature