

LEADERS IN TRAINING APPLICATION - 2024



Legal Name: _____

Date Submitted: _____

Program: _____

Accepted By: _____

<i>*Please date and initial at each step in application process</i>	<i>Date/Time</i>	<i>Initials</i>	<i>Notes:</i>
<i>Finger Print Date & Time</i>			
<i>Clear Date</i>			
<i>Entered into Volgistics</i>			
<i>Orientation Date & Shirt Size</i>			
<i>Registration Date</i>			
<i>Entered into WhentoWork</i>			

Notes:



*Thank you for your interest in the
 Leaders in Training Program*



Leaders in Training (LIT) is a program designed for teens ages 13-17 who want to give back to their community. Listed below are some important details about the application process:

- ◆ *Annual Resident Price \$30 / Annual Non-Resident Price \$40*
- ◆ *All volunteers will be scheduled to be fingerprinted and must pass a background check.*
- ◆ *You must possess a valid form of photo identification including, CA ID or a U.S. Passport and a social security number.*
- ◆ *If you don not possess a CA ID and or U.S. Passport you must possess a current School ID and Birth Certificate. (Copies of Birth Certificate will not be accepted. Must be either an original or certified original copy)*
- ◆ *Volunteers must attend an orientation before beginning volunteer service.*

Livescan (Fingerprinting) Appointment Date & Time: _____

La Mirada Community Sheriff's Station, 13716 La Mirada Blvd., La Mirada Civic Center

For more information, please contact the Community Services Department at
 (562) 943-7277 or visit www.cityoflamirada.org



LEADERS IN TRAINING APPLICATION



Information (PLEASE PRINT in blue or black ink):

First and Last Name: _____ E-mail: _____
(Required to receive volunteer work schedule)

Address: _____ City: _____ Zip: _____

Contact Number: _____ Alternate Number: _____

School: _____ Date of Birth: ____/____/____ Age: _____

Are you volunteering for school hours? Yes ____ No ____ How many hours are needed? _____ Completion by date: _____

Please list any limitations (i.e., related to medical conditions, disability, or transportation):

Parent/ Guardian Contact(s):

First and Last Name: _____ Contact Number: _____

First and Last Name: _____ Contact Number: _____

Emergency contact(s):

Name _____ Relationship _____ Phone Number: _____

Name _____ Relationship _____ Phone Number: _____

ADDITIONAL INFORMATION:

A "YES" ANSWER TO ANY OF THE NEXT 3 QUESTIONS REQUIRES AN EXPLANATION BELOW:

1. Have you ever been an employee or volunteer with the City of La Mirada? Yes ____ No ____
2. Are you related to any City of La Mirada employees, council members, or commissioners? Yes ____ No ____
3. Have you ever been convicted of a crime? Yes ____ No ____

PLEASE NOTE: A conviction is not an automatic bar to volunteer service with the City of La Mirada. Each case will be considered on its own merits pursuant to the City of La Mirada Criminal Background Checks and Securing Received Criminal History Policy. The City is **NOT** seeking information about convictions for possession of marijuana and certain other marijuana-related offenses that are more than two years old **if** the convictions resulted under California Health and Safety Code Sections 11357(b), 11357(c) (or a statutory predecessor), or Health and Safety Code Sections 11360(c), 11364, 11365, or 11550. You may exclude information about any such convictions on this application form. You may also exclude information about (i) any convictions that have been legally expunged, sealed, or statutorily eradicated (ii) a referral to and participation in any pretrial or post trial diversion program; and (iii) any arrests that did not result in conviction.)

PLEASE NOTE: If California Public Resources Code Section 5164 covers the position for volunteer service, you will also be required to complete the Supplemental Application (Supplemental Application Pursuant to California Public Resources Code Section 5164 – Volunteer Being Considered for Position Involving Supervision or Disciplinary Authority over Any Minor).

I have read and understand all the information contained in this application. I authorize the release of information concerning my qualifications or character, to the City of La Mirada through inquiries of any source. I certify that all statements in this application are true and complete; that there are no misrepresentations, falsifications, or omissions of material fact, and I am aware that any misstatements or omissions of material fact may cause rejection of my application or discharge from any services in this jurisdiction. Furthermore, I may be required to submit verification of any information provided on this application. I understand that as a condition of my service, I may be required to complete a supplemental questionnaire regarding criminal history, and to successfully pass a criminal background check in accordance with City policy, which may include Live Scan fingerprint process and other service-related criminal background investigations. The City will pay the cost of the criminal background check.

Program Participant Signature: _____ Date : _____

Parent/Guardian Signature: _____ Date : _____

Availability:

On the following days, please indicate the **time frame** that you are **available**:

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Sunday _____

Areas of Interest:

Please indicate your interest so that the City may best match you to the right training opportunities.

Gymnasium (Year Round) _____

Assist staff with scorekeeping during league games, officiating, and well as assisting coaches. The goal will be to teach and emphasize good sportsmanship to participants as well as fundamentals of basketball, volleyball, flag football, and futsal.

P.A.R.K. (Year Round) _____

Assist staff with organizing games, crafts, and general maintenance at the following park locations: Windermere, Gardenhill, and Frontier.

Tiny Tots (Summer) _____

Assist staff with preparing crafts and educational activities for children ages 3.5-5 at Gardenhill Park and Windermere Park.

Facility Assistant (Year Round) _____

Assist staff with preparing for classes, reservations, and events at the Activity Center and Resource Center. Occasionally assisting with the preparation of Special Events.

Summer Day Camp (Summer) Ages 15-17 _____

Assist staff with organizing group games, crafts, snack distributions, enrichment, and general maintenance at the following park locations: Neff Park.

Special Events

Please check any special events you would like to assist with:

Farmers Market Kick Off _____

Easter Egg Hunt _____

Independence Celebration _____

Concerts Under the Stars _____

Halloweenfest _____

Chili Holiday _____

Program Requirements - Please read carefully and ensure that applicants can fulfill all program requirements.

Leaders in Training participants understand that they are subject to the guidelines of the Leaders in Training program. Requirements for the program include, but are not limited to, volunteering for City programs, attending monthly meetings, and completing a minimum of 10 volunteer hours per month. In the event that they are unable to attend monthly meetings or assigned shifts, they must notify the program supervisor. Participants that fail to meet these requirements may result in the removal from the program.

By signing below, I acknowledge that I have read and agree to fulfill the program requirements.

Program Participant Signature: _____ Date : _____

Parent/Guardian Signature: _____ Date : _____

CITY OF LA MIRADA COMMUNITY SERVICES DEPARTMENT VOLUNTEERS IN ACTION
Criminal History Supplemental Application

CITY OF LA MIRADA

CRIMINAL HISTORY SUPPLEMENTAL APPLICATION

SUPPLEMENTAL APPLICATION PURSUANT TO CALIFORNIA PUBLIC RESOURCES CODE SECTION 5164 – VOLUNTEER BEING CONSIDERED FOR A POSITION INVOLVING SUPERVISORY OR DISCIPLINARY AUTHORITY OVER ANY MINOR

Date: ___/___/___

PERSONAL INFORMATION (PLEASE PRINT):

Last Name: _____ First Name: _____ MI: _____

California Public Resources Code Section 5164 prohibits the City of La Mirada from engaging a person for volunteer services at any park, playground or recreational center used for recreational purposes, in a volunteer position having supervisory or disciplinary authority over any minor, if the person has been convicted of certain crimes under the California Penal Code. Public Resources Code Section 5164 requires that each prospective volunteer complete an application that asks if the person has been convicted of any of the specified offenses. In addition, Public Resources Code Section 5164 provides for a criminal background check, which requires fingerprinting.

Since you are a candidate for volunteer service covered by Public Resources Code Section 5164 and/or Education Code Section 10911.5, please answer the following supplemental application questions. **Completion of the supplemental application and successful completion of a criminal history background investigation (including fingerprinting) is a condition of consideration for the volunteer position.**

You may attach additional sheets as necessary.

NOTE: All applicants must complete this Criminal History Supplemental Application form. Failure to complete, sign, and date this form will disqualify your application from further consideration for the position.

1. Have you ever been convicted of any crime?

Yes _____ No _____

A. If your answer to Question #1 is yes, please describe the crime(s) for which you were convicted, the date(s) upon which you were convicted and each jurisdiction in which you were convicted. The specific statute(s) or ordinance(s) must be listed. (PLEASE NOTE: Convictions for marijuana-related offenses that are more than two years old need not be listed. You may also exclude any convictions which have been legally expunged or sealed. Conviction is not an automatic bar to service as a volunteer; each case is considered on its own merits pursuant to the City of La Mirada Criminal Background Checks and Securing Received Criminal History Policy): _____

2. Have you ever been convicted of violation or attempted violation of any of the statutes listed in Subsection (A) below? PLEASE NOTE: You must include in your response any conviction for violation or attempted violation of an offense committed outside the State of California, if the offense would have been a crime as defined in the statutes referred to if committed in California.

Yes _____ No _____

A. The statutes specified in Public Resources Code Section 5164 include:

- Violations or attempted violations of Penal Code Section 220, 261.5, 262, 273a, 273d, or 273.5, or any sex offense listed in Penal Code Section 290, except for the offense specified in Penal Code Section 243.4 (d).
- Any felony or misdemeanor conviction within 10 years of the date of the City's request, of the violation or attempted violation of any of the offenses specified in Chapter 3 (commencing with Section 207) of Title 8 of Part 1 of the Penal Code; Penal Code Section 211 or Penal Code Section 215, wherein it is charged and proved that the defendant personally used a deadly or dangerous weapon, as provided in Penal Code Section 12022 (b) in the commission of that offense; Penal Code Section 217.1; Penal Code

Section 236; any of the offenses specified in Chapter 9 (commencing with Section 240) of Title 8 of Part 1 of the Penal Code; or any of the offenses specified in Penal Code Section 667.5 (c).

- Any felony conviction that is over 10 years old, if the subject of the request was incarcerated within 10 years of the City's request, for a violation or attempted violation of any of the offenses specified in Chapter 3 (commencing with Section 207) of Title 8 of Part 1 of the Penal Code; Penal Code Section 211 or Penal Code Section 215, wherein it is charged and proved that the defendant personally used a deadly or dangerous weapon, as provided in Penal Code Section 12022 (b) in the commission of that offense; Penal Code Section 217.1; Penal Code Section 236; any of the offenses specified in Chapter 9 (commencing with Section 240) of Title 8 of Part 1 of the Penal Code; or any of the offenses specified in Penal Code Section 667.5 (c).

B. If your answer to Question #2 is yes; please list the crime(s) for which you were convicted, the date(s) of conviction and each jurisdiction in which you were convicted: _____

3. Without in any way limiting the foregoing, have you ever been convicted of any crime involving an assault with intent to commit a felony, any crime against a person involving sexual assault, any crime against public decency and good morals, disorderly conduct, annoying or molesting a child under age 18, kidnapping, robbery or carjacking?

Yes _____ No _____

A. If your answer is yes, please describe the crime for which you were convicted, the date upon which you were convicted and the jurisdiction in which you were convicted: _____

4. Are you currently released on bail or on your own recognizance for any crime?

Yes _____ No _____

A. If your answer to Question #4 is yes, please describe the crime(s) for which you were charged, the date(s) upon which you were charged and each jurisdiction in which you were charged: _____

5. Are you willing to be fingerprinted in order that the City may screen you for your criminal background?

If you answer "No", you will be disqualified from further consideration for this position.

Yes _____ No _____

DECLARATION

I, _____ hereby declare under penalty of perjury under the laws of the State of California that all information provided above is true, correct and complete to the best of my knowledge. I understand and agree that any false statement, misstatement or omission of material fact will be cause for disqualification from the application process or for immediate discharge from volunteer services, regardless of the lapse of time before discovery.

Applicant Signature

Date

Print or Type Name of Applicant

If a minor (under 18 years of age), parent/guardian please complete the following:

_____ I have read this notice and **will allow** my child to be fingerprinted.

_____ I have read this notice and **will not allow** my child to be fingerprinted, and I understand that he/she will not be allowed to participate as a volunteer.

Signature of Parent/Guardian

Date

Type/Print Name of Parent/Guardian

Phone Number

VOLUNTEERS IN ACTION

Release of Liability and Assumption of Risk (Minor)

I desire to allow my minor child, _____ (“my child” herein), to participate in the City of La Mirada Volunteers in Action Program (“Volunteers in Action Program”). My child’s participation in the Volunteers in Action Program is voluntary. ***I understand that the Volunteers in Action Program may include, if assigned, sporting and other strenuous physical activities. I understand that while uncommon, serious accidents may occur while participating in the Volunteers in Action Program, and that participants may sustain serious or fatal injuries as a result.***

Knowing these risks, however, I hereby provide the following Release of Liability and Assumption of Risk on behalf of my child and me, and on behalf of each of our heirs, personal representatives, next of kin, guardians, executors, administrators, successors and assigns. All references to “I” shall hereinafter mean and include my child, me and each of our heirs, personal representatives, next of kin, executors, administrators, successors and assigns.

Workers’ Compensation Coverage

I understand, acknowledge and agree, that pursuant to City of La Mirada City Council Resolution No. 04-31, persons performing volunteer services for the City eligible for workers’ compensation benefits while actually performing qualified services. I further understand, acknowledge and agree that any claims for injury, illness or disease that my child may suffer while performing volunteer services for the City of La Mirada or otherwise participating in the Volunteers in Action Program, must be submitted under the City of La Mirada Workers’ Compensation Program (the “City’s Workers’ Compensation Program”), and that coverage and/or benefits available for any such injuries, illnesses and diseases will be subject any and all provisions of the California Workers’ Compensation laws.

I FURTHER UNDERSTAND, ACKNOWLEDGE AND AGREE THAT THE CITY’S WORKERS’ COMPENSATION PROGRAM, AND ANY BENEFITS THAT MAY BE AVAILABLE TO MY CHILD UNDER THE CITY’S WORKERS’ COMPENSATION PROGRAM, SHALL BE THE SOLE AND EXCLUSIVE REMEDY FOR ANY AND ALL INJURIES, ILLNESSES OR DISEASES SUFFERED BY MY CHILD WHILE PERFORMING VOLUNTEER SERVICES, AND/OR OTHERWISE ARISING OUT, IN ANY WAY CONNECTED WITH AND/OR OCCURRING DURING MY CHILD’S PARTICIPATION IN THE VOLUNTEERS IN ACTION PROGRAM.

Release of Liability and Assumption of Risk

In consideration of my child’s participation in the Volunteers in Action Program and in consideration of coverage provided to my child under the City Workers’ Compensation Program, I HEREBY KNOWINGLY, VOLUNTARILY AND FREELY RELEASE, WAIVE, FOREVER DISCHARGE IN ADVANCE, HOLD HARMLESS, AND COVENANT NOT TO SUE, the City of La Mirada, its officials, officers, attorneys, employees, agents, volunteers, successors and assigns, (hereinafter collectively referred to as the “Releasees”), for and from any and all claims, actions, demands, debts, contracts, liens, expenses, attorney’s fees, or causes of action for bodily injury, personal injury, property damage, or wrongful death occurring or arising out of, or in any way other connected with, my child’s volunteer services or my child’s participation in the Volunteers in Action Program, whether the same shall arise by contract, by the negligent act or omission of any person, or otherwise, to the maximum extent permitted by law.

In consideration of my child’s participation in the Volunteers in Action Program and in consideration of coverage provided to my child under the City Workers’ Compensation Program, I HEREBY ASSUME FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE, occurring or arising out of the scope of my child’s volunteer services and/or my child’s participation in the Volunteers in Action Program, whether the same shall arise by contract, by negligent act or omission of any person, or otherwise, to the maximum extent permitted by law.

Defense and Indemnity

I, the parent/guardian of the above named prospective volunteer, do hereby agree, that in the event any claim for bodily injury, personal injury, property damage, or wrongful death arising out of my child’s volunteer services and/or otherwise resulting from or arising out of or connected in any with my child’s participation in the Volunteers in Action Program, shall be prosecuted against the Releasees, or any of them, I SHALL DEFEND, INDEMNIFY AND HOLD HARMLESS the Releasees, and each of them, from any and against any and all such claims, actions or causes of action by whomever or wherever made or presented.

WAIVER OF CALIFORNIA CIVIL CODE SECTION 1542 RIGHTS

I hereby expressly waive all rights under Section 1542 of the Civil Code of the State of California, which states that a “general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him must have materially affected his settlement with the debtor.”

Interpretation

I further expressly agree that the foregoing releases and waivers, indemnity agreement and assumption of risk, are intended to be as broad and inclusive as, and to the maximum extent permitted by, California law.

Reporting of Injuries, Illnesses and Diseases

I hereby agree to report immediately to the City of La Mirada, any and all injuries and illnesses contracted by my child in the scope of my child's volunteer services and/or otherwise arising out of or connected in any with my child's participation in the Volunteers in Action Program.

Authorization for Medical Aid

By signing this Release of Liability and Assumption of Risk, I further expressly authorize and consent to the provision of emergency medical aid to my child, if needed during the Volunteers in Action Program.

I HAVE READ THIS DOCUMENT AND EACH OF THE PROVISIONS SET FORTH HEREIN. I FULLY UNDERSTAND ALL OF ITS TERMS AND SIGNIFICANCE; I UNDERSTAND THAT BY SIGNING THIS DOCUMENT, MY MINOR CHILD AND I, AND EACH OF OUR HEIRS, PERSONAL REPRESENTATIVES, NEXT OF KIN, EXECUTORS, ADMINISTRATORS, SUCCESSORS AND ASSIGNS HAVE GIVEN UP IMPORTANT LEGAL RIGHTS. I SIGN THIS DOCUMENT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ON BEHALF OF MY MINOR CHILD AND ME, AND ON BEHALF OF EACH OF OUR HEIRS, PERSONAL REPRESENTATIVES, NEXT OF KIN, EXECUTORS, ADMINISTRATORS, SUCCESSORS AND ASSIGNS.

Printed Name of Applicant

Signature of Applicant's Parent/Guardian

Date

For any minor (under 18 years of age) please provide:

Parent/Guardian Name _____ Phone _____

Parent/Guardian Name _____ Phone _____

Emergency Contact(s):

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____