

TEEN DOCENT APPLICATION

Thank you for your interest in becoming a teen docent. The Teen Docent Program works to increase docent support within city museums while providing mentoring and skill-building opportunities to teens.

YOU WILL LEARN:

State & Local History
Pathways to Civic Engagement
Public Speaking
Responsibility/ Accountability
Activity Planning, Preparation, & Facilitation
Inventory & Procedures

REQUIREMENTS

Serve at least 8 hours per month
Be in High School & Maintain 2.0+ GPA
Not miss 2 scheduled days per semester
Have good communication with lead docents
Prepare 1 engagement activity per semester
Complete application packet (attached)

Please return your completed application to City Hall 1735 Montgomery Street, Oroville, CA 95965 If you have questions, please call 530-538-2508 or visit http://www.cityoforoville.org/visitor/museums

CITY OF OROVILLE - APPLICATION FOR DOCENT / VOLUNTEER PROGRAM AN AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER SUBMIT THIS APPLICATION TO: Parks & Trees Department, 1735 Montgomery St., Oroville CA 95965 SECTION II -SECTION I - READ INSTRUCTIONS CAREFULLY **POSITION APPLIED FOR** 1. Type or print clearly, 2. Answer each question truthfully and completely. False statements may be cause DOCENT / VOLUNTEER for rejection of your application or dismissal from the program. **PROGRAM** 3. Sign and date the Application. Unsigned applications will be rejected. **APPLICATION** 4. You will be notified when your application has been accepted. SECTION III - PERSONAL HISTORY 1. Name (Last, First, Middle Initial) 2. Social Security # (Optional) 3. Res. Phone # 4. Current Street Address (Street, City, State, Zip Code) 5. Bus. Phone # 6. Current Mailing Address (If different from above) SECTION IV. - GENERAL INFORMATION Please answer the following questions. YES NO 1. Do you hold a valid Driver's License? () California () Other () None Number 2. Have you ever been discharged or requested to resign from any employment, in lieu of termination, due to misconduct or unsatisfactory service? If "Yes", explain on back or attach a separate sheet 3. Have you ever been convicted, imprisoned and/or placed on probation for a felony or misdemeanor or required to pay a fine in excess of \$50, by any civil, criminal or military authorities, under your present name or another name? If "Yes", explain on back or attach a separate sheet 4. Do you currently have any relatives working for the City of Oroville? If yes, list name(s) below: SECTION V. - SKILLS, ABILITIES, TALENTS, ETC. Please list any skills, abilities, talents, or prior experience that you feel would be useful being a docent for the City. 1. 4. 2. 5. 3. 6 SECTION VI. - REFERENCES - PLEASE LIST TWO 1. Name: Phone: 2. Name: Phone: SECTION VII. - EMERGENCY CONTACTS - PLEASE LIST TWO 1. Name: Phone: 2. Name: Phone: SECTION VIII. - SIGNATURE AND CERTIFICATION I declare under penalty of perjury, under the laws of the State of California, that all statements contained in this application and any accompanying documents is true and correct, with full knowledge that all statements made in this application are subject to investigation and that any false or dishonest answer to any question may be grounds for denial of application or dismissal from the docent/volunteer program. In addition, signing this document authorizes the City of Oroville to verify the information you provide, which also may include a credit history check. This application will be rejected if it is not signed and dated by the applicant prior to submission. DATE: _____ SIGNATURE: ____

Tour Guide For: Chinese Temple Lott Home Pioneer Museum Nature Center Bolt's Antique Museum Food Preparation Baking Cookies Serving Kitchen Work DOCENT / VOLUNTEER PROGRAM APPLIOCATION PAGE 2 SECTION IX Miscellaneous: Research Mending Knitting Crocheting Hand Laundry Public Speaking Writing (Columns, Newsletters, etc.) Computer Input Park Clean-Up Landscape Maintenance Gardening Annual Cleaning: Chinese Ter Chinese Ter Chinese Ter Bolt's Antique Muse Nature Cer Bolt's Antique Muse Serving Computer Input Serving Kitchen Work Gardening	ome eum enter
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Sunday: Your Birthday (Optional	
Afternoon World .	_
Email Address (optional):	_
ease provide any additional information or comments you feel would be helpful:	(Optional

Montgomery Street, Oroville, CA 95965.
If you have any questions please contact the Parks & Tress Department at (530) 538-2401.



RELEASE AND WAIVER OF LIABILITY

I agree to waive and release the City of Oroville and its officers, agents, employees, and volunteers from and against any and all claims, costs, liabilities, expenses or judgments, including attorney's fees and court costs arising from my child's volunteer internship with the City of Oroville, or any illness or injury including death resulting there from, and hereby agree to indemnify and hold harmless the City of Oroville and its officers, agents, employees, and volunteers from and against any and all such claims, whether caused by negligence or otherwise, except for illness and injury resulting directly from gross negligence or willful misconduct on the part of the City or its employees.

I further consent to the unrestricted use by the City of Oroville, or any person authorized by them of any photographs, recordings, interviews, videotapes, motion pictures or similar visual or auditory recording of my child, in connection with volunteering. I understand that my child's, image may be edited, copied, exhibited, published or distributed by the City of Oroville, and I waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my, or my child's, image or recording. I also understand that this material may be electronically displayed via the Internet or in a public educational setting. There is no time limit on the validity of this release nor is there any geographic limitations of where these materials may be distributed.

I UNDERSTAND AND AGREE THAT BY SIGNING THIS WAIVER I AM FREEING THE CITY OF OROVILLE, ITS EMPLOYEES, OFFICERS, AGENTS, OR VOLUNTEERS FROM ANY LIABILITY RESULTING FROM MY CHILD'S VOLUNTEER INTERNSHIP WITH THE CITY OF OROVILLE. I RECOGNIZE AND UNDERSTAND THE DANGERS ASSOCIATED WITH MY CHILDS PARTICIPATION IN THIS EXPERIENCE. I UNDERSTAND THAT IF MY CHILD IS INJURED, THIS WAIVER WILL BE USED AGAINST ANYONE CLAIMING DAMAGES OR LEGAL ACTION. I ALSO UNDERSTAND THAT NO EMPLOYEE OR AGENT IS AUTHORIZED TO MODIFY THIS WAIVER. I CERTIFY THAT I HAVE PERSONALLY READ AND UNDERSTAND THIS WAIVER AND RELEASE.

Participant Name	Participants Birthday
Address	Participants Phone:
City, State, Zip	Email
Emergency Contact	Phone
Parent or Guardian Name	Phone
Work Name	_ Work Phone
Parent Signature	Date



TEEN DOCENT APPLICATION

GPA Agreement

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times during	g my service a	as a teen docent for the	City of
Oroville th	iat I will maint	ain at least a 2.0 grade	point
average. I u	ınderstand th	at if I fail to maintain thi	s GPA
standard, I a	ım required to	notify the lead docent.	Failure
to meet the	minimum GPA	A requirement may resu	It in my
being remov	ed from servi	ice as a docent until I me	eet the
	GPA re	quirements.	
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Name:			
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