



Birmingham Public Schools

BIRMINGHAM COMMUNITY EDUCATION

2024 TEEN VOLUNTEER APPLICATION

Name: _____

Address: _____

City/State/Zip: _____

Your Cell Phone: _____ Your Email: _____

Parent/Guardian's Name: _____

Address: _____

City/State/Zip: _____

Parent/Guardian Email: _____ Parent/Guardian Cell Phone: _____

Educational Background: Grade completed as of June 6, 2024. _____

Name of School: _____

Experience working with children: _____

List any extra curricular activities, honors or awards earned and volunteer experiences: _____

Please provide one personal reference from a teacher, coach, clergy, scout leader, or previous/current employer. Form is attached.

Please have your parent/guardian complete the attached Waiver form.

Summer camps are one week in length and run six weeks. They will be located at Derby Middle School. Please indicate the weeks and times you would like to volunteer:

	AM 8:30 a.m.-12:30 p.m.	PM 12 p.m.-4 p.m.	All Day 8:30 a.m.-4 p.m.
Week 1: June 17-21			
Week 2: June 24-28			
Week 3: July 1-5 NO CAMPS	NO CAMPS	NO CAMPS	NO CAMPS
Week 4: July 8-12			
Week 5: July 15-19			
Week 6: July 22-26			
Week 7: July 29-August 2			

Parent/Guardian: I give permission for _____ to volunteer on the day(s) time(s) noted on this application page and have completed and signed the Waiver form.

Parent/Guardian signature: _____ Date: _____



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2024 TEEN VOLUNTEER APPLICATION

Thank you for applying to be a teen volunteer at the Birmingham Community Education Summer camps! The selection process and points you should know are as follows:

- We are looking for volunteers in grades 8-12.
- The maximum number of volunteers per week is **10** volunteers.
- Expected to report to the Derby Middle School's media cafeteria each morning and be there the full time (can't leave for lunch if staying all day).
- Stay flexible.
- Don't overcommit (only sign up for the weeks/times you really want to volunteer).
- Only volunteer for a week if you can come all 5 days of that week. Week 3 (July 1-5) there are no camps.
- Be prepared to volunteer inside and outside.
- NO technology/phone use while volunteering.
- Volunteer duty will be to have fun/participate and make sure all kids are having fun.
- You can sign up to volunteer with a friend, but you may not be "together" while volunteering.
- It will take a while for us to process the applications and receive your reference. If you have questions, please contact Mrs. Rampolo at 248.203.3822.

WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

FOR ALL COMMUNITY EDUCATION ACTIVITIES EVENTS / CLASSES / CAMPS / OPEN SWIM / ATHLETIC LEAGUES

Participant under 18 years of Age

1. In consideration for receiving permission to participate in the Birmingham Public Schools Community Education Activity of my choice, I hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE and further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS Birmingham Public Schools, the members of its Board of Education (in their official and individual capacities), administrators, agents, servants or employees (hereinafter referred to as RELEASEES) from any and all liability, claims, costs, expenses, attorney fees, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or any of the property belonging to me, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES, or otherwise, while participating in such activity, or while in, on or upon the premises where the activity is being conducted.
2. I am fully aware of and acknowledge the potential risks of serious personal injury associated with this activity. I hereby elect to voluntarily participate in said activity with full knowledge that said activity may be dangerous to me and my property. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by me, or any loss or damage of property owned by me, as a result of being involved in such activity, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES OR OTHERWISE.
3. It is my express intent that this Waiver of Liability and Hold Harmless Agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE the above-named RELEASEES. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the State of Michigan.
4. IN SIGNING THIS AGREEMENT, I ACKNOWLEDGE AND REPRESENT THAT I have read this Waiver of Liability and Hold Harmless Agreement, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made; I am fully competent; and I execute this Release for full, adequate and complete consideration fully intending to be bound by same.

Signed on this _____ day of _____, 20__.

PARTICIPANT

Printed Name Signature

I/we, the Parent(s)/Legal Guardian(s) of the above named Participant, consent to the minor Participant's participation in the Birmingham Public Schools Community Education Activity(ies), acknowledge the risks associated with the Participant's participation therein, and in consideration of my/our minor Participant's permission to participate in said Birmingham Public Schools Community Education Activity(ies) agree to be bound by this Waiver of Liability and Hold Harmless Agreement and the terms contained herein. Additionally, I/we consent to Birmingham Public Schools seeking reasonable and necessary medical treatment for my/our minor Participant during such event or associated activities, and agree to be responsible for any cost/expenses associated with such treatment.	
_____	_____
Parent/Guardian Signature	Date
_____	_____
Parent/Guardian Signature	Date

**FOR ALL COMMUNITY EDUCATION ACTIVITIES
Including:
2024 TEEN CAMP VOLUNTEER PROGRAM**



Birmingham Public Schools

BIRMINGHAM COMMUNITY EDUCATION

2024 Teen Volunteer Personal Reference Form

Applicant's Name: _____

The above person has chosen you as a personal reference for a volunteer position at Birmingham Community Education's summer camps. We hope you will carefully evaluate the applicant for us. Our goal is to provide quality volunteers to maintain the high program and safety standards of our camps.

Please read the following categories. CHECK AS MANY descriptions as you feel apply to the applicant. If these areas do not describe the applicant please feel free to make additional comment.

1. Working with Others:

- _____ Likes to do it themselves
- _____ Is a team player
- _____ Likes it their way or not at all
- _____ Cooperative
- _____ Shares accomplishments

Other comments: _____

2. Work Ethic:

- _____ Takes direction well, does what is asked
- _____ Does what is asked, when convenient
- _____ Self motivated, does more than is asked
- _____ Is committed to the project to the end
- _____ Does not do his/her work

Other comments: _____

3. Enthusiasm:

- _____ Has an even disposition
- _____ Has energy that spreads to others
- _____ Enthusiastic, but insincere
- _____ Takes on a new challenge willingly
- _____ Little outward enthusiasm

Other comments: _____

4. Maturity:

- _____ Responsible, able to think things through
- _____ Reacts without thinking about actions
- _____ A positive role model for others
- _____ Would rather not have responsibility
- _____ Is able to relate well with different groups

Other comments: _____

5. Community/Conflict:

- _____ Is willing to accept others regardless of differences
- _____ Can categorize people easily, generalize
- _____ Deals with conflict in a healthy way
- _____ Allows problems to build up
- _____ Works to strengthen large and small groups
- _____ Is easily upset by others

Other comments: _____

6. Leadership:

- _____ Has the ability to be a positive leader
- _____ Considers others' opinions important
- _____ Is dominant and manipulative at times
- _____ Would rather be a follower than a leader

Other comments: _____

How long have you known the applicant and in what capacity? _____

What is your knowledge of the applicant's experience with children? _____

Have you directly observed the applicant's interaction with children? If so, please comment. _____

Would you be willing to have your child under his/her supervision? _____

PLEASE COMPLETE THE FOLLOWING:

Name: _____

Address: _____

Company and Position: _____

Phone number: _____

**Thank you for your time.
Please return promptly to:**

**Birmingham Community Education
2436 W. Lincoln, F102
Birmingham, MI 48009**

**Email: DRampolo@birmingham.k12.mi.us
Fax: 248.203.3818**