



**TeenworX Summer Handbook
&
Application**

Junior Lifeguard

**Volunteer Program for Teens
Ages 11-15**

Completed Applications MUST be IN by May 4, 2018

*Mandatory TeenworX Orientation will be held May 18th at 7:10pm
The Youth Park Teen Center
4000 66th Ave North
Pinellas Park, 33782

The **#1** function for all Jr. Guard TeenworX volunteers is to **HAVE FUN** and provide a fun and safe environment for all campers and patrons at Skyview Pool

The TeenworX Volunteer Program is a means to develop future leaders within our community through the development of valuable leadership, communication, and team building skills. Pinellas Park Recreation hopes to build our teens into mature adults who can contribute to their community and the future of Pinellas Park Recreation.

*****All prospective Jr. Lifeguards must attend a mandatory Junior Lifeguard Training session, prior to Summer Operations.**

A \$35 training fee is required.

Course Prerequisites:

- *Swim the front crawl for 25 yards continuously while breathing to the front or side.*
- *Swim the breaststroke for 25 yards using a pull, breathe, kick and glide sequence.*
- *Tread water for 1 minute using arms and legs.*
- *Show a level of comfort on the back by floating on the back for 30 seconds or swimming on the back for 25 yards using the elementary backstroke or back crawl.*
- *Submerge and swim a distance of 10 feet underwater.*

Course will be held Saturday and Sunday, May 19th & 20th (9am – 6pm) at Skyview Pool

- ***You must attend both days to receive your certification***

You can sign up at any Recreations Center.

Benefits of Becoming a TeenworX Volunteer:

1. The TeenworX Volunteer Program provides an opportunity for teens to gain valuable experience through the application, interview process, and having job related responsibilities.
2. The program allows teens ages 11-15 the opportunity for summer activity and socialization as a Jr. Lifeguard.
3. TeenworX Volunteers who complete the program will be provided job references. Many TeenworX volunteers are recruited to be paid staff within our recreation centers when they reach the age requirements.

Jr. Lifeguards – (Ages 11-15) Work under the supervision of the Aquatics Supervisor and Head Guard at Skyview Pool. Assist with swim lessons and providing a safe swim environment for pool patrons. May also assist with pool special events and specialty camps.

Volunteer Schedules

Summer Camp is in session, Monday through Friday for 11 weeks during the summer. Structured activities begin at 8:00am at Skyview Pool and go until 8:30pm at night. The facility is also open Saturday and Sunday 12:00pm-4:00pm, with special events on some Friday nights. All participants are supervised at all times while helping guard at Skyview Pool.

Jr. Lifeguards are scheduled for 2-4 hour time blocks during the morning, afternoon, or evening. They will assist staff members with swim lessons, cleaning, and guarding the pools. A Jr. Guards requires the ability to prevent dangerous situations from arising; the ability to recognize emergencies and take appropriate action; and considerable skill in swimming, rescue work, resuscitation and first aid.

Scheduling is completed by the Head Guard or staff member and may include several shifts in one day with breaks provided. Jr. Lifeguards are required to report for duty no later than five minutes before their shift is scheduled to begin. In the case of a needed absence, please call Skyview Pool (727-396-5702) and notify the Supervisor or Head Guard as soon as possible. Jr. Lifeguards are permitted to utilize the Pool for Open Swim before or after their volunteer shift has ended.

Attire

TeenworX Volunteers will receive TeenworX T-shirts and are required to wear them while participating in volunteer activities.

- **Boys** - must wear swim trunk style shorts with a drawstring and mesh liner and short length must be between mid-thigh and knee. No cutoffs or shorts with snaps, buttons or zippers allowed.
- **Girls** - must wear a *one-piece* swimsuit with a sport back (i.e. cross back, fly back, etc.). Shorts may be worn over swimsuits but must be below the midpoint of the thigh, and must not have any words printed on them.
- Jr. Guards may wear appropriate hats/visors and sunglasses while on duty and are required to wear sunscreen with a minimum of 30 SPF at all times. Fun designs are acceptable for swimsuits and hats, but they should not have any suggestive themes or pictures associated with drugs, alcoholic beverages, or similar themes.

Lunches and Breaks

Lunches and breaks must be taken in the designated areas and at the times assigned by your Supervisor.

Absences

TeenworX Volunteers will be expected to follow the schedule set up by the Supervisor. In case of illness or other reasons necessitating absence, please notify the Facility as soon as possible before activities start that day. In the event of absence, please call the following numbers to reach the appropriate facility.

- **Skyview Pool: (727) 369-5702**

When calling, give your name and the name of your assigned Staff member, activity, or the group to which you are assigned and how long you expect to be absent.

Technology Policy

TeenworX Volunteers are **not allowed** to use cell phone, iPod, tablets, or other technology while on duty, unless permitted by Supervisor or facility manager. Additionally, social media will not be utilized while on duty.

*Social media includes but is not limited to, Facebook, Instagram, Snapchat, Twitter, Google+, or any other media sharing outlet. Also, TeenworX Volunteers will **NEVER** take pictures of participants or campers using personal devices. Violation of this policy will result in termination of volunteer service.

Volunteer Time Cards

TeenworX Volunteers are required to sign in and out for each shift, daily. Time records must be accurate and must be signed by the volunteer. Time cards are due every two weeks, concurrent with payroll and will be collected and checked by the Volunteer's Supervisors. Hours will be recorded by management staff and documentation may be provided as proof of volunteer service.

*Service awards may be provided at the end of the summer, based on quality and quantity of service hours completed.

Volunteer Termination

Volunteers who repeatedly demonstrate an inability to meet guidelines outlined within their training and in this handbook will be released from the duties and will no longer be eligible to serve. In the case of termination, all fees paid for training, participation in field trips and activities are non-refundable and any and all privileges will be revoked.

TeenworX Volunteer Guidelines

1. Sign in and out on the volunteer time card each day to reflect the time you are actually engaged in volunteer activities.
2. TeenworX Volunteers are never to be in charge of children; they are assisting the Lifeguards. Do not accept this responsibility, and please report any problems to the Aquatics Manager immediately.
3. Please speak calmly and respectfully to the children, parents, guests, Instructors, Counselors, Lifeguards, and other TeenworX Volunteers at all times.
4. Never touch a student or guest in anger - follow your training when it is necessary to touch a student while assisting with instruction. Never try to move a child against his or her will.
5. Never pick children up, hug children, or allow children to sit in your lap.
6. Profanity and inappropriate language are not permitted and can result in termination.
7. Office phones are for business purposes only. Please limit calls to the minimum necessary.
8. No cell phones or pagers are to be used while engaged in camp activities, except in an emergency.
9. No friends or visitors are allowed during volunteer hours.
10. If you become aware of any evidence of child abuse or mistreatment, please inform your Supervisor or Facility Manager immediately.
11. Please set an example by following all Summer Camp and pool rules.
12. Stay with your assigned Lifeguard or Guard Rotation; inform the Instructor / Lifeguard if you are leaving.
13. Be alert to potential hazards and bring them to your Supervisor's attention.
14. Learn all you can to be as helpful as you can.
15. **MOST IMPORTANT** — be a role model for our campers and patrons — set a good example for proper safety and etiquette.



PLEASE COMPLETE ALL AREAS OF THE APPLICATION

TYPE OR PRINT CLEARLY

ALL INFORMATION IS REQUIRED

Please Select Service Type:

Jr. Lifeguard

Personal Information

Name: _____ Birth Date: ____/____/____

Address: _____ City: _____ Zip: _____

Home Phone: (____) _____ Age: _____

T-Shirt Size: Please Circle One

YS YM YL

Parent/Guardian Email Address: _____

AS AM AL AXL

Other: _____

School: _____ Grade: _____

Parent/Guardian Names: _____

Parent/Guardian Phone: _____

Activities and Experience

Please list your top three interests and your experience with each

1. _____

2. _____

3. _____

Please List any work/volunteer experience that you may have:

Have you participated in Pinellas Park's Summer Camps as a camper or volunteer? Yes / No

If yes, please list where and how many summers: _____

How did you hear about us? _____

Preferred Facility (Please Circle One):

Skyview Pool

Why are you interested in serving as a Jr. Guard this summer? _____

I understand that filling out this applications does not guarantee me a volunteer position with the City of Pinellas Park, nor the facility I preferred.

_____ (Applicant Signature)

References

Please submit **two** references. Both references should come from people who are familiar with your background and who have served as an advisor/leader of a school related and/or community organization/religious institution or club that you have been a part of while in school.

References May Not Be From Anyone Related To You. Use the attached reference forms.

Please ask your references to return their form directly to Recreation Administration.

Reference #1 _____ Phone: _____

Relationship to Applicant _____ Email: _____

Reference #2 _____ Phone: _____

Relationship to Applicant _____ Email: _____

PLEASE PROVIDE REFERENCES WITH THE ATTACHED REFERENCE CHECKS

Pinellas Park Recreation
6051 78th Ave. N
Pinellas Park, 33781
You may fax it to (727) 369-5724

Completed Applications MUST be IN by May 4, 2018

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The Youth Park Teen Center
4000 66th Ave North
Pinellas Park, 33782**

REQUIRED SIGNATURES

I have given my child permission to apply for a volunteer position with the Pinellas Park Recreation and will support my teen if he/she is selected as a volunteer.

Signature of Parent/Guardian

Date

If you have any questions regarding the schedule or time commitments for volunteering, please contact the facility manager at the facility you wish volunteer.

I have read and understand the time and service commitment required for the Pinellas Park TeenworX program. I also know and understand the importance of teamwork and cooperation. My signature indicates I am willing to make a commitment of my time and effort and will make volunteer service a priority, should I be selected.

Signature of Applicant

Date

RECREATION AUTHORIZATION AND RELEASE

The undersigned, in consideration of the acceptance of this Application and by participation in the programs and activities of the Recreation Division of the City of Pinellas Park, Florida (hereinafter the "City"), hereby irrevocably releases the City from any and all claims for injury or property damage arising out of or resulting from the applicant's participation in any of the City's Recreation Division programs or activities. As used herein, the term "City" includes the City, its agents, employees, officials, and volunteers, individually and collectively.

By signing this form below, the undersigned certifies that all information provided by undersigned herein is true and correct, and further acknowledges that he / she has fully read this form in its entirety and understands the same. All provisions hereof shall be binding upon the undersigned, his / her heirs, assigns, and legal representatives.

Signature of Primary Applicant: _____ Date: _____

Please Print Applicant Name: _____

Signature of Parent/Guardian: _____ Date: _____

Please Print Parent/Guardian Name: _____

Please send your completed application form to:

Pinellas Park Recreation
6051 78th Ave. N
Pinellas Park, 33781
You may fax it to (727) 369-5724

Completed Applications MUST be IN the Recreation Office by May 4, 2018

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Pinellas Park, 33782**

REFERENCE CHECK

Applicant Name: _____

Reference Name and Title: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Organization/Affiliation: _____

Address: _____

City: _____ State: _____ Zip Code: _____

How long have you known the applicant? _____

In what capacity? _____

What would you consider to be the applicant's strengths? _____

What would you consider to be the applicant's weaknesses? _____

Please rank the applicant on the following qualities with 5 being highly qualified and 1 being unqualified.

Quality	1	2	3	4	5	N/A
Consistently Reliable						
Takes Initiative						
Shows Strong Leadership Skills						
Good Time Management Skills						
Ability to Work With a Variety of People						
Goes Above and Beyond						
Would be a great Volunteer with Pinellas Park Recreation						

(You may attach another sheet of paper should you need additional space for comments)

Thank you for filling out this recommendation form. Please fax your recommendation to the attention of Cassie Valle, Recreation & Aquatics Coordinator – (727) 369-5724 or you may send it to 6051 78th Ave. N / Pinellas Park, 33781

REFERENCE CHECK

Applicant Name: _____

Reference Name and Title: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Organization/Affiliation: _____

Address: _____

City: _____ State: _____ Zip Code: _____

How long have you known the applicant? _____

In what capacity? _____

What would you consider to be the applicant's strengths? _____

What would you consider to be the applicant's weaknesses? _____

Please rank the applicant on the following qualities with 5 being highly qualified and 1 being unqualified.

Quality	1	2	3	4	5	N/A
Consistently Reliable						
Takes Initiative						
Shows Strong Leadership Skills						
Good Time Management Skills						
Ability to Work With a Variety of People						
Goes Above and Beyond						
Would be a Good Choice for the Pinellas Park Teen CORPS						

(You may attach another sheet of paper should you need additional space for comments)

Thank you for filling out this recommendation form. Please fax your recommendation to the attention of Cassie Valle, Recreation & Aquatics Coordinator – (727) 369-5724 or you may send it to 6051 78th Ave. N / Pinellas Park, 33781



AFFIDAVIT OF GOOD MORAL CHARACTER

State of Florida

County of _____

Before me this day personally appeared _____ who, being duly
(Applicant's/Employee's Name)
sworn, deposes and says:

As an applicant for employment with, an employee of, a volunteer for, or an applicant to volunteer with _____, I affirm and attest under penalty of perjury that I meet the moral character requirements for employment, as required by the Florida Statutes and rules, in that:

I have not been arrested with disposition pending or found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to or have been adjudicated delinquent and the record has not been sealed or expunged for, any offense prohibited under any of the following provisions of the Florida Statutes or under any similar statute of another jurisdiction for any of the offenses listed below:

	<u>Relating to:</u>
Section 393.135	sexual misconduct with certain developmentally disabled clients and reporting of such sexual misconduct
Section 394.4593	sexual misconduct with certain mental health patients and reporting of such sexual misconduct
Section 415.111	adult abuse, neglect, or exploitation of aged persons or disabled adults or failure to report of such abuse
Section 741.28	criminal offenses that constitute domestic violence, whether committed in Florida or another jurisdiction
Section 782.04	murder
Section 782.07	manslaughter, aggravated manslaughter of an elderly person or disabled adult, or aggravated manslaughter of a child
Section 782.071	vehicular homicide
Section 782.09	killing an unborn quick child by injury to the mother
Chapter 784	assault, battery, and culpable negligence, if the offense was a felony
Section 784.011	assault, if the victim of offense was a minor
Section 784.03	battery, if the victim of offense was a minor
Section 787.01	kidnapping
Section 787.02	false imprisonment
Section 787.025	luring or enticing a child
Section 787.04(2)	taking, enticing, or removing a child beyond the state limits with criminal intent pending custody proceeding
Section 787.04(3)	carrying a child beyond the state lines with criminal intent to avoid producing a child at a custody hearing or delivering the child to the designated person
Section 790.115(1)	exhibiting firearms or weapons within 1,000 feet of a school
Section 790.115(2) (b)	possessing an electric weapon or device, destructive device, or other weapon on school property
Section 794.011	sexual battery
Former Section 794.041	prohibited acts of persons in familial or custodial authority
Section 794.05	unlawful sexual activity with certain minors
Chapter 796	prostitution
Section 798.02	lewd and lascivious behavior
Chapter 800	lewdness and indecent exposure
Section 806.01	arson
Section 810.02	burglary
Section 810.14	voyeurism, if the offense is a felony
Section 810.145	video voyeurism, if the offense is a felony
Chapter 812	theft and/or robbery and related crimes, if a felony offense
Section 817.563	fraudulent sale of controlled substances, if the offense was a felony
Section 825.102	abuse, aggravated abuse, or neglect of an elderly person or disabled adult
Section 825.1025	lewd or lascivious offenses committed upon or in the presence of an elderly person or disabled adult
Section 825.103	exploitation of disabled adults or elderly persons, if the offense was a felony
Section 826.04	incest
Section 827.03	child abuse, aggravated child abuse, or neglect of a child
Section 827.04	contributing to the delinquency or dependency of a child
Former Section 827.05	negligent treatment of children
Section 827.071	sexual performance by a child
Section 843.01	resisting arrest with violence

CONTINUED ON NEXT PAGE

Section 843.025	depriving a law enforcement, correctional, or correctional probation officer means of protection or communication
Section 843.12	aiding in an escape
Section 843.13	aiding in the escape of juvenile inmates in correctional institution
Chapter 847	obscene literature
Section 874.05(1)	encouraging or recruiting another to join a criminal gang
Chapter 893	drug abuse prevention and control only if the offense was a felony or if any other person involved in the offense was a minor
Section 916.1075	sexual misconduct with certain forensic clients and reporting of such sexual conduct
Section 944.35(3)	inflicting cruel or inhuman treatment on an inmate resulting in great bodily harm
Section 944.40	escape
Section 944.46	harboring, concealing, or aiding an escaped prisoner
Section 944.47	introduction of contraband into a correctional facility
Section 985.701	sexual misconduct in juvenile justice programs
Section 985.711	contraband introduced into detention facilities

THE FOLLOWING APPLIES ONLY TO THOSE APPLICANTS FOR MENTAL HEALTH POSITIONS

In addition to the Chapter 435, F.S., listed offenses, the following offenses are also applicable for "Mental Health Personnel" screened pursuant to section 394.4572, F.S., defined as program directors, professional clinicians, staff members, or volunteers working in a public or private mental health program or facility who have direct contact with individuals held for examination or admitted for mental health treatment. **The additional offenses apply only to "Mental Health Personnel" as determined pursuant to Section 408.809, F.S. as listed below:**

	<u>Relating to:</u>
Chapter 408	felony offenses contained in Chapter 408
Section 408.8065(3)	offers service or skilled service without valid license when licensure is required, or knowingly files a false or misleading license or license renewal application, or submits false or misleading information related to application
Section 409.920	Medicaid provider fraud
Section 409.9201	Medicaid fraud
Section 817.034	fraudulent acts through mail, wire, radio, electromagnetic, photoelectronic, or photooptical systems
Section 817.234	false and fraudulent insurance claims
Section 817.505	patient brokering
Section 817.568	criminal use of personal identification information
Section 817.60	obtaining a credit card through fraudulent means
Section 817.61	fraudulent use of credit cards, if the offense was a felony
Section 831.01	forgery
Section 831.02	uttering forged instruments
Section 831.07	forging bank bills, checks, drafts or promissory notes
Section 831.09	uttering forged bank bills, checks, drafts, or promissory notes
Section 831.30	fraud in obtaining medicinal drugs
Section 831.31	the sale, manufacture, delivery, or possession with the intent to sell, manufacture, deliver any counterfeit controlled substance, if the offense was a felony.

I also affirm that I have not been designated as a sexual predator pursuant to s. 775.21; a career offender pursuant to s. 775.261; or a sexual offender pursuant to s. 943.0435, unless the requirement to register as a sexual offender has been removed pursuant to s. 943.04354.

I understand that I must acknowledge the existence of any applicable criminal record relating to the above lists of offenses including those under any similar statute of another jurisdiction, regardless of whether or not those records have been sealed or expunged. Further, I understand that, while employed or volunteering at _____ in any position that requires background screening as a condition of employment, I must immediately notify my supervisor/employer of any arrest and any changes in my criminal record involving any of the above listed provisions of Florida Statutes or similar statutes of another jurisdiction whether a misdemeanor or felony. This notice must be made within one business day of such arrest or charge. Failure to do so could be grounds for termination.

CONTINUED ON NEXT PAGE

I attest that I have read the above carefully and state that my attestation here is true and correct that my record does not contain any of the above listed offenses. I understand, under penalty of perjury, all employees in such positions of trust or responsibility shall attest to meeting the requirements for qualifying for employment and agreeing to inform the employer immediately if arrested for any of the disqualifying offenses. I also understand that it is my responsibility to obtain clarification on anything contained in this affidavit which I do not understand prior to signing. I am aware that any omissions, falsifications, misstatements or misrepresentations may disqualify me from employment consideration and, if I am hired, may be grounds for termination or denial of an exemption at a later date.

SIGNATURE OF AFFIANT: _____

Sign Above OR Below, DO NOT Sign Both Lines

To the best of my knowledge and belief, my record contains one or more of the applicable disqualifying acts or offenses listed above. I have placed a check mark by the offense(s) contained in my record. (If you have previously been granted an exemption for this disqualifying offense, please attach a copy of the letter granting such exemption.) (Please circle the number which corresponds to the offense(s) contained in your record.)

SIGNATURE OF AFFIANT: _____

Sworn to and subscribed before me this ____ day of _____, 20__.

SIGNATURE OF NOTARY PUBLIC, STATE OF FLORIDA

(Print, Type, or Stamp Commissioned Name of Notary Public)

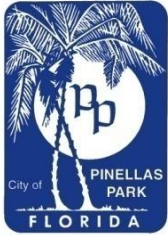
(Check one)

Affiant personally known to notary

OR

Affiant produced identification

Type of identification produced: _____



CRIMINAL HISTORY RECORDS CHECK

Pursuant to Florida State Statute 435.03 or 435.04, the **City of Pinellas Park** requests a background check pertaining to criminal convictions on the applicant listed below:

Last Name

First Name

Middle Name

Social Security Number

Date of Birth

Race

Sex

Thank you. If you have any questions, please call 727-369-7809.

THE FOLLOWING AGREEMENT MUST BE SIGNED – PLEASE READ CAREFULLY

I authorize the City of Pinellas Park to verify all information contained in my Application, and I release all employers, schools and persons from any and all liability for the release of information to the City of Pinellas Park.

I understand that this Application, along with information gathered by the City of Pinellas Park to verify this Application, constitutes a public record under Florida statute and is subject to release accordingly.

As an applicant for employment with, or an applicant to volunteer with the City of Pinellas Park, I understand that any offer of employment or offer to volunteer is subject to my satisfying any and all background checks that will be conducted.

I hereby authorize a check of any and all records pertaining to criminal convictions be released to **City of Pinellas Park, Human Resources Department, 5141 78th Avenue N., Pinellas Park, FL 33781**, including information regarding convictions, regardless of adjudication, pleas of nolo contendere or guilt and any other offense prohibited under the Florida Statute 435.03 or 435.04.

Applicant Signature

Date

Parent/Guardian Signature (If Applicant is Under 18)

Date

Parent/Guardian Name (Please Print – If Applicant is Under 18)