SANTA CRUZ 66
CITY JR. LIFEGUARDS

2014 CAPTAIN CORPS I & II TRYOUTS!

CAPTAIN CORPS II – 3/8 or 3/22 (3/1 rescheduled to 3/22), 9am @ LGHQ

- ✓ **Prerequisite** - Returning Captain II or Captain I only
- ✓ **Physical Test** - *Wetsuits are permitted, no swim fins.*
  - 1000 meter swim - 20 minutes or less
  - 400 meter run - 400 meter swim – 400 meter run - 10 minutes or less
  - 2000 meter rescue board paddle - 15 minutes or less
- ✓ **Interview - March 2 or March 9, Fire Administration, 230 Walnut Avenue**
  - Interviews will be scheduled upon passing the physical test.

CAPTAIN CORPS I – Saturday, May 10, 9am @ LGHQ

- ✓ **Prerequisite** – Minimum 1 year Jr. Guard experience or returning Captain Corps
- ✓ **Physical Test** - *Wetsuits are permitted, no swim fins.*
  - 500 meter swim/ 10 minutes or less
- ✓ **Interview – May 10, Parks & Recreation, 323 Church Street**
  - Interviews will be scheduled upon passing the physical test.

CAPTAIN CORPS I - 15 - 17 yrs - 8 wks
CAPTAIN CORPS II - 16 - 17 yrs (RETURNING CAPTAINS ONLY) - 8 wks.

CAPTAIN CORPS I & II candidates must submit all of the following materials at the time of tryouts: 1. At least one letter of recommendation from a non-family member who has knowledge of their capabilities and character.
2. CityServe Jr. Volunteer Application and CityServe Release of Liability forms.
3. Swim test waiver signed by a parent or guardian.
4. Copy of valid state ID or DL card. Materials are available at:
http://www.santacruzparksandrec.com (see beaches) or at Parks and Recreation, 323 Church Street

CAPTAIN CORPS I - is a volunteer program for 15 - 17 year-old boys and girls who have a **minimum of one season experience as a participant in the Santa Cruz Junior Lifeguard Program**.
Captain Corps are volunteers who function as role models for the Junior Guard and Little Guard participants and assist program instructors with providing aquatic safety through participation, education and a positive learning environment. Captain Corps is a Regional Occupational Program (ROP) and participants are eligible to receive up to six high school elective credits. 35 hours = One credit. Each Captain must commit to volunteering a minimum of 20 hours per week per session (June 18 - July 15 and/or July 21 - August 15). Uniform T-shirt provided. Captain Corps members must wear black trunks or swimsuits.

- ✓ **Tryouts:** Saturday, May 10, 9:00 am Lifeguard Headquarters - 500-meter ocean swim in 10 minutes or less.
- ✓ **Interviews:** Candidates who successfully pass tryouts will be asked to schedule an interview that day, between 11:20am and 5:00pm on Saturday, May 10, at the Parks and Recreation Office, 323 Church St.
- ✓ **Mandatory Training:** CPR PRO Class: TBA (May or June) and June 17, 8:00am-12:00pm, location: TBA.
- ✓ **NOTE:** Captain Corps I applicants MUST pay and register in their appropriate age group for Junior Guards (A's or AA's) to participate in tryouts. Successful candidates will receive a refund if selected as a Captain Corps I.

CAPTAIN CORPS II (**RETURNING CAPTAINS ONLY) -** Captain Corps II was developed for 16 - 17-year-olds who want a more in-depth experience in public safety and USLA beach lifeguarding. Four Captain Corps II volunteers will be selected. The tryout test is more stringent for Captain Corps II candidates. Morning workouts, volunteering at Junior Guard competitions, volunteering for Fire Department, Marine Safety Division (sitting towers, ride-alongs at the beach and at the Fire Station) are part of the program.

- ✓ **Tryouts:** March 1 or March 8, 9:00 am, Lifeguard Headquarters – 1,000-meter swim in 20 minutes or less, a run-swim-run (400-400-400) in 10 minutes or less and 2000 meter paddle in 15 minutes or less.
- ✓ **Interviews:** Candidates who successfully pass the physical tryout will schedule an interview the following day (Sunday, March 2 or March 9) at the Fire Department Administrative conference room located at 230 Walnut Avenue.
- ✓ **Mandatory Training:** Captain Corps II training TBA, which includes a FREE CPR PRO re-cert class and Title-22 First Aid if space allows, and June 17, 8:00am-12:00pm, Location:TBA

CAPTAIN CORPS

CITY OF SANTA CRUZ
PARKS AND RECREATION

RELEASE OF CITY OF SANTA CRUZ FROM ALL CLAIMS OF LIABILITY

(*Swim Waiver*)

I, _____ (print name), certify I have no previously incurred injuries that would be aggravated by my participation in the agility events of the Santa Cruz Captain Corps Lifeguard Service physical agility testing or training process.

I understand the above testing or training process for Captain Corps, Beach Lifeguard, or Marine Rescue Unit may include one or more of the following events: running on the beach, long distance ocean swimming and paddle boarding, lifting and dragging heavy objects, participating in ocean rescue simulations, jumping from heights of 25 feet or greater into the ocean, climbing, jumping and swimming in and around ocean cliffs and rocks and participating as a crew member of a motorized rescue boat.

I understand the above listed activities involve considerable exertion and may present a significant danger to life and limb. Hazards include, *but are not limited to*: impact with beach debris, rocks, boats and other objects; marine life including sharks, jelly fish and seals; unpredicted currents, high surf and may result in injury or death by drowning or other cause.

I waive any and all rights of redress and claims I or my heirs may have against the City of Santa Cruz or any of its agents or employees for any and all injuries or my death which may result in any manner from the above described testing or training process or from the use of City facilities, areas or equipment.

_____ _____
Signature Date

_____ _____
Parents or guardian's signature on behalf Date
Of participant, if under 18

FOR JR. GUARDS ONLY – NOT LITTLE GUARDS!!!

United States Lifesaving Association

Junior Lifeguard Membership Information and Application

USLA OVERVIEW:

The USLA is the only professional organization of open water lifeguards and open water rescue personnel in the United States. The purpose of the Association is to promote and develop the finest methods of lifesaving and to familiarize the general public with the functions and services of the lifeguard organizations.

BENEFITS TO JUNIOR MEMBERS OF THE USLA INCLUDE:

- A one year subscription to American Lifeguard Magazine...a $12 value
- A Junior Guard USLA membership card, bumper sticker, and various discounts
- Affiliation with other Junior Lifeguard programs and competitions
- Eligibility to compete in Regional and National Junior Lifeguard Competitions
- Membership in the only professional open water lifeguard association
- Access to free public educational materials, i.e. posters, bookmarks, etc.

DUES: CHECKS ONLY! Made payable to SCSLSA

Junior members pay a reduced rate of **$10** (versus $30 for professional members). Of this, $8 goes directly to the USLA to offset the cost of membership kits (membership cards, decals, postage and magazine subscriptions. The remaining $2 stays with the local region.

- -

Name:_____ **Birth date:**_____

Address: _____

City: _____ **State:**_____ **Zip Code:** _____

Please Select One: ☐ **Renewal** (member in 2012) ☐ **New Membership**

Junior Lifeguard Agency:_Santa Cruz City_____ **Group:** _____
AA A B C

Chapter:__SCSLSA_____ **Region:**_Southwest_____

PARENTS: RETURN THIS FORM TO THE JG PROGRAM WITH A $10.00 CHECK PAYABLE TO: SCSLSA

CAPTAIN CORPS

Captain Corps I Checklist

To be eligible to tryout on May 10 for Captain Corps 1 applicants MUST:

- Register for the Jr. Guard program as an A or AA. Registration begins online on 4/12, *cityofsantacruz.com*.
- Signed and completed ***Release of City of Santa Cruz from all Claims of Liability*** form (CityServe form).
- Completed ***CityServe Volunteer Application*** and ***CityServe Release of Liability*** forms.
- At least one letter of recommendation from a non-family member who has knowledge of your capabilities and character.
- Copy of valid state ID or DL card.
- **Swim test waiver** signed by parent or guardian.
- Completed **USLA Jr. membership application** with $10 check payable to:

Dear Potential Jr. Volunteer (Captain Corps):

Thank you for your interest in working as a volunteer with CitySERVE and the City of Santa Cruz. Once you have selected a volunteer opportunity/internship, please complete the attached paperwork to begin the placement process.

Please submit the following required documents:

- ❑ One letter of recommendation from a non-family
- ❑ Swim test waiver signed by a parent or guardian
- ❑ Copy of California ID or Driver's License
- ❑ Jr. Volunteer Application
- ❑ Volunteer Agreement & Release of Liability
- ❑ Volunteer Contract Agreement

Supplemental Information:

Fingerprinting Procedure (relevant only if you will be working with 'money, minors or confidential documents')

CitySERVE Insurance Overview (a summary of the insurance coverage offered to all of the City's volunteers while performing volunteer duties)

SPECIAL NOTE: Captain Corps applicants return forms to Jill Bates at Parks & Recreation, 323 Church St.

If you have any further questions please feel free to call or email.

Thank You,

Laurel Keefe
CitySERVE Program Coordinator
cityserve@cityofsantacruz.com

Important Information for Volunteers

What you should know as a CitySERVE Volunteer

I. **CitySERVE is provided as a partnership** between the Volunteer Centers of Santa Cruz County and City of Santa Cruz. However, the program is fully funded by the City of Santa Cruz.

II. **Insurance:** All volunteers registered with the CitySERVE Volunteer Program are covered by the Volunteer Centers' Volunteer Insurance.
   a. Volunteers ARE NOT covered under the same Worker's Compensation policy as paid City staff, and CitySERVE does not provide professional liability insurance.
   b. If you are hurt or have an accident while on assignment, please inform your supervisor immediately. Complete the **CitySERVE Accident Report Form** with your supervisor, and send it to the CitySERVE office.
   c. The three types of insurance CitySERVE carries are as follows: **Personal Accident Insurance, Liability Insurance,** and **Excess Automobile Insurance.**
   d. **Volunteers are not allowed to drive City vehicles**. Volunteers who drive as part of their volunteer assignment are required to carry their own automobile insurance; the volunteer will be covered by the Volunteer Centers' excess liability automobile insurance. All volunteers are provided with this excess auto insurance.

III. **Prohibition Against Discrimination:**
   a. The Volunteer Centers of Santa Cruz County provide you protection against discrimination. This nondiscrimination policy states that "No person shall, on the grounds or race, color, religion, age, disability, national origin, sex, sexual preference, marital status, ancestry or medical condition, veteran status, physical size or characteristics, be excluded from participation in, be denied benefits of, or be subjected to discrimination in any program conducted or funded by the Volunteer Center". If you feel you have experienced discrimination of any sort, please contact the program coordinator @ 420-5403 or Executive Director of the Volunteer Centers of Santa Cruz County @ 427-5070.

IV. **Fingerprinting:**
   a. Some volunteers need to be fingerprinted before beginning their volunteer position. Please confirm with your supervisor whether or not you need to be fingerprinted.
   b. In the event that you are required to be fingerprinted, your volunteer supervisor will need to fill out the appropriate fingerprinting form and submit it to the Human Resources Department with your CitySERVE Volunteer Paperwork. At this time, a fingerprinting appointment will be set up.

V. **Reporting Volunteer Hours:**
   a. CitySERVE Volunteers are required to report their volunteer hours every month. This applies to ALL volunteers and interns.
   b. Volunteer hours are important for a couple reasons:
      1. Volunteers often like to have a record of their hours for future reference in their endeavors.
      2. Our insurance requires that all insured volunteers report their activity.
      3. We have to report how many hours our volunteers perform quarterly to City Council.
   c. You may report your hours the following ways:
      1. Hard copy timesheet
      2. Some departments use group time rosters. In the event you are a volunteer in a program that uses group time rosters, you should get instructions from your volunteer supervisor on reporting monthly hours.
   d. If you have questions about reporting your volunteer hours, contact the CitySERVE office. **Please remember: you must report your volunteer hours for each month as a requirement of the program.**

VI. **End of Volunteer Position:**
   a. Please make sure your supervisor is aware that you will be ending your volunteer involvement.
   b. Please notify the CitySERVE coordinator that you have concluded your volunteer position, either through an email, phone message, or in person, so that we can keep our database up-to-date.

VII. . **CitySERVE Office:**
   1. Office hours: Monday -Thurs (8:00-11:00AM) Friday (1:00-4:00PM)
   2. The office is located at 809 Center Street, Room 6, Santa Cruz
   3. The CitySERVE Coordinator can be reached at 420-5403 or at cityserve@cityofsantacruz.com
   4. Please come to visit

VOLUNTEER INSURANCE INFORMATION

While the CitySERVE Program has an excellent safety record for its volunteer programs, it is important for you to understand the types of volunteer insurance you are covered under as a CitySERVE volunteer.

Each volunteer is eligible for three kinds of insurance. These policies provide coverage for you while participating in volunteer activities as a CitySERVE volunteer.

The insurance policy certificates are held by the Volunteer Centers of Santa Cruz County. This is not a substitute for any insurance you may now carry, and only applies while you are performing your assignment as a volunteer in the program and while on your way to and from your volunteer site. Complete information regarding volunteer insurance is available from the CitySERVE office.

Accident Insurance:

Our volunteer insurance provides **excess medical coverage** up to $25,000 per occurrence over and above any other existing insurance. This excess medical coverage is meant to insure that you, as a volunteer, do not have any out of pocket expense due to a volunteer related injury. Our insurance works with your insurance to cover any deductibles or co-pays so that you do not experience out of pocket expense. If you do not have any other insurance, our insurance becomes primary for volunteer related injuries.

Liability Insurance:

All CitySERVE volunteers are provided with Personal Liability Insurance at a limit of $1,000,000 per occurrence. This policy provides protection for a personal injury or property damage liability claim arising out of the performance of your volunteer duties. This coverage is in excess and non-contributing with any other valid or collective insurance you may have. This policy excludes injury or damage arising out of the use of an automobile. It also excludes errors or omissions in connection with the registered volunteer's professional services.

Excess Automobile Liability Insurance

*** You are not automatically covered for auto insurance – to be covered you must fill out a separate auto insurance form***

This coverage protects the registered volunteer driver, while driving their personal vehicle, for bodily injury or property damage claims arising out of their volunteer activities. This policy does not apply to volunteers who are driving City owned vehicles. The liability policy is written at a combined single limit as respects bodily injury and property damage of $500,000 each accident. This policy excludes property damage to property owned or transported by the registered volunteer driver, or in their care, custody or control.

Fingerprinting

All fingerprinting requests are the responsibility of each department and volunteer supervisor. However, if a volunteer/intern is working with **ANY** of the following groups/categories they are required to be fingerprinted and **MUST** pass/clear the background check:

- Any Group/Individuals age 18 or under
- Any position(s) in which the volunteer/intern is handling money.
- Any position(s) in which the volunteer/intern is exposed to confidential information.

The Fingerprinting Process

- **Department volunteer liaison notifies CitySERVE regarding which volunteer they want fingerprinted.**
- **CitySERVE will contact/notify the volunteer to receive the "Live Scan Fingerprint Packet" from the CitySERVE Coordinator**
- **Volunteer goes to a Live Scan fingerprinting office:**
    - **Santa Cruz County Building - Sheriff**
    - **Santa Cruz County Office of Education**
    - **Cabrillo College Campus Police**
- **City of Santa Cruz pays for the costs for fingerprinting**
- **Volunteer/Intern returns carbon copy (Yellow) of Live Scan form to City HR**
- **Live Scan office notifies City HR regarding approved clearances and background check**
- **HR notifies CitySERVE regarding pass/fail background check.**
- **CitySERVE notifies the Department Volunteer Liaison**
- **Volunteer receives notification of volunteer status/clearance.**

If you have any questions please contact the CitySERVE Office at:
(831) 420-5403 or cityserve@cityofsantacruz.com

Please Complete All Pages (to the best of your ability)

CITY OF SANTA CRUZ JR. VOLUNTEER APPLICATION

Name:_____Date:_____
Home Address:_____Phone:_____
City and Zip Code: _____Email:_____
Date of Birth: _____Age:_____
Availability:_____Hours per day _____Days per week
Preferred Days (Please circle): M T W TH F SAT SUN
Preferred Time of day: ☐Mornings ☐Afternoon ☐Evenings
Length of commitment you agree to make: ☐ 3 Months ☐ 3-6 Months What school are you attending? Elementary/Jr. High: _____High school: _____
Why are you interested in serving as a City of Santa Cruz Jr. Volunteer?
_____
What type of volunteer position are you interested in?
_____
Special skills, training, interests or hobbies:
_____
_____
Present or previous volunteer experience:
_____
_____
Do you have Community Service Hours assigned by the Court? ☐Yes ☐No
Have you ever been convicted of a sex crime, drug crime or crime of violence? ☐ Yes ☐No
Emergency Contact Information:
Name:_____**Relationship:**_____
_____
Work phone: _____**Home phone:**_____
_____

I hereby certify that all statements made in this application are true, and I authorize investigation of all matters contained in this application. I am aware that fingerprinting is required for all volunteer assignments related to children and in certain other departments. I understand that this is a non-paid position with no promise, expressed or implied, of consideration for future employment.

I understand that as a CitySERVE volunteer I am covered while volunteering by CitySERVE's Volunteer Insurance, and am not covered under the City of Santa Cruz's Worker's Compensation policy. I further understand that the insurance provided by CitySERVE is excess insurance and is secondary to my existing insurance, should I have insurance.
Signature of Applicant:_____**Date:**_____
Signature of Parent/Guardian if Volunteer is a Minor:_____**Date:**_____

The following information is voluntary, and it will help the CitySERVE Program evaluate its recruitment practices and compile required statistical reports. The information will be kept confidential and will not be used to discriminate against or give preference to any individual in any volunteer position

How did you hear about CitySERVE? ☐Newspaper ☐Website ☐ Flyer ☐ Other:_____

Gender: ☐Male ☐Female

Ethnic Origin: ☐Caucasian ☐African American ☐Latino/Latina☐Asian / Pacific Islander ☐Amer. Indian or Alaskan☐ Other
☐Decline to State

RELEASE OF LIABILITY & VOLUNTEER AGREEMENT

CitySERVE is a volunteer program created by the Volunteer Centers of Santa Cruz County ("Volunteer Centers") and the City of Santa Cruz ("City") in order to provide volunteer opportunities to the community while improving the City. Participation with CitySERVE is strictly voluntary and bound by the terms of this Agreement. No person may volunteer with CitySERVE prior to CitySERVE's receipt of this completed Agreement.

1. By signing this Agreement I, _____, acknowledge that I am not an employee of the City or the Volunteer Centers and that my performance of voluntary services will be uncompensated. I agree to cooperate with my volunteer supervisor and adhere to the policies of the CitySERVE program at all times in the performance of my volunteer services. I agree that I will not use power equipment, or stand on any object taller than two (2) feet tall, or otherwise engage in dangerous activities while volunteering with CitySERVE. I will not drive any City automobile in connection with my volunteer services.

2. I hereby agree to release and hold harmless the City, its officers, agents, employees, and volunteers for any claim for personal injuries and damage to property that I, or anyone claiming under me or on my behalf, may incur arising out of or in any manner related to the performance of my voluntary services or participation with CitySERVE. I further agree to indemnify, hold harmless and defend the City, its officers, agents, employees, and volunteers from any and all claims, demands, actions, judgments, costs, attorney's fees and damages of any kind for liability which the City may incur arising out of or in any manner related to the performance of my voluntary services or participation with CitySERVE.

3. While participating as a volunteer with CitySERVE, I hereby authorize the taking of my picture, by photograph, movie, or videotape or otherwise ("pictures") for use by the CitySERVE program. I hereby irrevocably consent to and authorize the use and reproduction of such pictures for use by CitySERVE without compensation.

4. As a CitySERVE volunteer, you are covered by the Volunteer Center's Volunteer accident and personal injury insurance should you be injured while volunteering in assigned duties that are consistent with the safety rules outlined in this agreement. Please report any injuries immediately to your supervisor, or call the CitySERVE office at 420-5403

Name: _____ CS Department/Project/Event: _____

Address: _____ City & Zip: _____

Telephone: _____ Email: _____

Emergency Contact: _____ Emergency Telephone: _____

Signature: _____ Date: _____

IF VOLUNTEER IS UNDER 18, PARENT OR GUARDIAN MUST SIGN BELOW

I, _____, on behalf of my child, myself, and our representatives, do hereby consent to allow my child, _____, to participate as a volunteer with CitySERVE, subject to all of the terms and conditions above. I further expressly agree, on behalf of my child, myself, and our representatives, to all of the terms and conditions above, including but not limited to paragraphs 1, 2, 3 and 4.

Signature of Parent/Guardian: _____Date: _____

VOLUNTEER CONTRACT AGREEMENT

Contract must be completed before volunteer begins assignment!!

Volunteer Name:_____**Phone Number:** _____

Volunteer Supervisor: _____**Phone Number:**_____

Department/Division: _____**Address/Rm:** _____

Project Title: _____**Volunteer Title:** ____VOLUNTEER

SUPERVISOR RESPONSIBILITIES

- Complete any legal requirements (fingerprinting, background etc.) before volunteer begins assignment (fingerprinting needs to be arranged through CitySERVE).
- Provide initial and ongoing training and supervision
- * Complete contract with volunteer and return to CitySERVE program coordinator
- *Inform the CitySERVE program coordinator of any injuries occurring while the vol. is on assignment
- Contact CitySERVE program coordinator regarding any problems during the contract period
- *Inform CitySERVE program coordinator if volunteer vacates position

VOLUNTEER RESPONSIBILITIES

- Log in volunteer hours on timesheets provided
- *Report volunteer hours to the CitySERVE program coordinator each month
- Arrive to assignment on time; inform supervisor if you will be late or absent
- Fulfill time commitment, as listed below
- Contact CitySERVE program coordinator regarding any problems during the contract period
- *Inform supervisor of any injury occurring while on volunteer assignment
- *Contact CitySERVE program coordinator when (or before) leaving position

WORK SCHEDULE: **Start Date:** _____ **End Date:** _____**(not to exceed 1 yr)**

Estimated Hours Per Month:_____

I understand that as a CitySERVE volunteer I am covered while volunteering under CitySERVE's Volunteer Insurance, and am not covered under the City of Santa Cruz's Worker's Compensation policy. I further understand that the insurance provided by CitySERVE is excess insurance secondary to my existing insurance, should I have insurance. Furthermore, I understand and agree to the responsibilities expected of me while volunteering.

Volunteer Signature: _____ **Date:**_____

I understand and agree to the responsibilities expected of me as a volunteer supervisor and understand that volunteers are covered under volunteer insurance purchased by the Volunteer Center.

Volunteer Supervisor Signature: _____**Date:**_____