

CLASS PARKS

YOUTH EMPLOYMENT INTERNSHIP PROGRAM

Please print neatly in completing this application.

Applicant's Name: _____
(First Name) (Last Name)

Today's Date: _____ Date of Birth: Month _____ Day _____ Year _____

Parent/Guardian: _____
(First Name) (Last Name)

Home Phone #: (____) _____ Work Phone #: (____) _____

Parent/Guardian: _____
(First Name) (Last Name)

Home Phone #: (____) _____ Work Phone #: (____) _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

School Attending: _____ Grade: _____

Name of YEIP Class you are signing up for _____

I hereby state that the information contained within this application is truthful and accurate, and is to be considered an integral part of any agreement I may enter into for the YEIP Crime Scene Investigation, Camp Counseling or Outdoor Education Class.

Applicant's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

**PLEASE RETURN APPLICATION TO THE PARK
AS SOON AS YOU HAVE IT COMPLETED.**

CLASS PARKS

YOUTH EMPLOYMENT INTERNSHIP PROGRAM

EMERGENCY INFORMATION

Applicant's Name: _____ Applicant's Phone: () _____

Address: _____

City: _____ State: _____ Zip Code: _____

Parent #1: _____ Home Phone: () _____ Cell Phone: () _____

Parent #2: _____ Home Phone: () _____ Cell Phone: () _____

Applicant's Birth-date: _____ Applicant's Age: _____

Medical Plan (insurance): _____ Allergies and/or medication: _____

Can your child be given: Tylenol? _____ Pepto-Bismol? _____ Benadryl? _____

Please list any medical conditions or restrictions: _____

If parents are not available, other authorized adults to call in an emergency:

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

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

PARENT PERMISSION:

I hereby authorize my child _____ to travel (bus, van or walking) to any field trip /outing in association with the YEIP Crime Scene Investigation, Camp Counseling, or Outdoor Education Class. I release the City of Los Angeles and its officials, agents, and employees from any liability in connection with this authorization.

DATED: _____ PARENT OR GUARDIAN SIGNATURE: _____

AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR IN CASE OF EMERGENCY, ILLNESS, OR ACCIDENT

(I/ (We), the undersigned parent (s) of _____, a minor, do hereby authorize the **DIRECTORS AND STAFF OF THE YEIP CRIME SCENE INVESTIGATION, CAMP COUNSELING, OR OUTDOOR EDUCATION CLASS** as agent (s) for the undersigned to consent to any X-Ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is to be rendered under the general or specific supervision of any physician or surgeon licensed under the provision of the Medical Practice Act, or the medical staff of a licensed hospital whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care that may be required, and it is given to provide authority and power on the part of aforesaid agent (s) to give specific consent to any and all such diagnosis, treatment or hospital care which aforementioned physician in the exercise of his/her best judgment may deem advisable.

THIS AUTHORIZATION SHALL REMAIN IN EFFECT UNTIL REVOKED IN WRITING AND DELIVERED TO SAID AGENT(S).

DATED: _____ PARENT OR GUARDIAN SIGNATURE: _____

PLEASE RETURN COMPLETED APPLICATION TO THE PARK.

CLASS PARKS

YOUTH EMPLOYMENT INTERNSHIP PROGRAM

INTERN AND PARENT AGREEMENT

The signing of this agreement by internship applicant and his/her parent or guardian binds them, upon selection, to the following:

1. I agree to complete the Youth Employment Internship Program to the best of my abilities;
2. I understand and agree that I will attend all hours of training during the sessions for which I am selected. I understand that I may miss only 2 days (16 hours) of the program and may still receive credit for the program upon completion of community service hours. If I miss more than 16 hours of the program I will be terminated and will not receive credit for the program, nor the \$250 stipend check;
3. Parent/Guardian agrees to do their best to help their child meet the responsibilities of the Program;
4. The City of Los Angeles, Department of Recreation and Parks, Youth Employment Internship Program will provide a shirt which is required to be worn appropriately at all times on all training dates and will become the property of the applicant upon successful completion of the entire program;
5. I agree to notify the YEIP Administration if my address and/or telephone number changes, either while in the Program or after completion, and fill out any related paperwork;
6. There will be 2 optional field trips included with the Youth Employment Internship Program. An educational field trip will take place half way through the program. A reward field trip will take place after the last day of the program. Intern must attend and receive credit for the educational field trip in order to be considered for the reward field trip;
7. I understand that following the completion of the program, if all paperwork including a W-9 Form and a copy of my Social Security Card is turned in, I will be eligible to receive a stipend check. Due to long processing times, the stipend checks could take up to 3 months to be issued, granted that all YEIP paperwork and hours are completed by the intern. The intern will be notified of when the stipend check is available for pick-up. The stipend check must be picked-up and signed for by the intern in person;
8. I understand there will be a clear and concise set of rules for the Program and they will be explained on the first day of training. I also understand that breaking these rules may be grounds for dismissal from the program, and forfeiture of all benefits afforded through participation in the Program.

As parent or guardian of a participant 18 years of age or under, I have read and voluntarily agree that (Print Name of Child) _____ may participate in the CLASS Parks YEIP Crime Scene Investigation, Camp Counseling, or Outdoor Education Class.

Applicant's Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____