

DB4YOUTH and DB4YOUTH “In Action” are youth oriented programs that focus on the well being and success of the youth in Diamond Bar. We are dedicated to helping youth become diverse individuals who know the importance of helping others, working as a team and wanting to know what it takes to be a leader.

Can you Commit to the Following?

- Commit to monthly meetings and events hosted by the City of Diamond Bar.
- Be punctual to all meetings and stay for the duration of your scheduled shift.
- Attend events dressed appropriately, ready to **work** and with a professional attitude.
- Be willing to assist others with their duties.
- Be open to communication with other members of your team.
- Except others for their differences and ideas and find ways to learn from them.
- Be willing to put your ideas out there so they can be discussed by the group.
- Commit to being a role model for others in the group, as well as, to your community.
- Be open minded
- Be willing to compromise with a positive attitude.

Please take into consideration when filling out the application that although this program is designed to help you succeed, our ultimate goal is to inspire all youth within Diamond Bar to become active participants in their community. At each event, volunteers will earn community service hours towards their high school requirements and/or to be used when applying for college. All of your hours must be earned and documented.

If this program sounds like something you are interested in please fill out and return the back page to Alison Meyers at
City of Diamond Bar
21810 Copley Dr.
Diamond Bar, CA 91765
(909) 839-7062



DB 4Youth "In Action" Volunteer Application



This application must be completed and certified by DB 4Youth in order to accept the prospective volunteer. Incomplete applications may hold up the acceptance of the volunteer. Parent or Guardian must sign if member is under 18.

Volunteer Status: * New Volunteer * Existing Volunteer **Date of Application:** _____

Gender: * M * F Date of Birth: ____/____/____ School: _____ Grade: _____
MM DD YYYY

First Name _____ Last Name _____ Email Address _____

Street Address _____ City _____ State _____ ZIP _____

Home Phone _____ Cell Phone _____

Parent or Guardian Information

First Name _____ Last Name _____ Email Address _____

Street Address _____ City _____ State _____ ZIP _____

Home Phone _____ Cell Phone _____ Work Phone _____

I give my child permission to join DB 4Youth "In Action." _____
Parent's Signature

Areas of Interest: (Mark all that apply)

Creating and Implementing Activities
(Dances, Battle of the Bands, etc.)

Service Projects
(Helping the elderly or less fortunate, etc.)

Serving on the Board
(Chairman, Vice Chairman, Treasurer, Secretary)

Fund Raising
(Snack Bars, Game Booths, etc.)

Tutoring/Peer Counseling
(Helping with homework, reading at the library, peer counseling etc.)

Work experience
(Volunteer as a leader in City Program(s), at a Hospital, or other businesses etc.)

Other * List _____
(Any other idea you may have for the good of the community.)

Hobbies * List _____

I understand by signing this application that I commit to attend meetings once a month for one year. I will participate in volunteer activities as assigned. I will sign in and out of all activities to document my Community Service Hours. I will obtain my parents permission to attend events. I will have a signed liability release form on file with the City. I will follow the standards set by DB 4Youth and DB 4Youth "In Action."

Print Name Signature Date

DO NOT WRITE IN THIS BOX

I certify that this application is has been accepted and the volunteer may be invited to join. _____
DB 4Youth Member Signature



**RELEASE, DISCHARGE OF LIABILITY
AND ASSUMPTION OF RISK**

Name of Participant (minor child): _____

Participant's Date of Birth: _____

Parent or Legal Guardian: _____

Address: _____

Telephone: _____ **Emergency Telephone:** _____

Program Sponsors: City of Diamond Bar, Walnut Valley Unified School District, Pomona Unified School District, Diamond Bar Hills Club, Diamond Point Swim Club, Deane Homes Swim Club, and their respective officers, agents and employees.

Name of Class or Activity ("activity"): _____

I the undersigned, certify that I am the parent or legal guardian of the above-named child. I enroll my child in the activity of my own volition and give him/her permission to participate.

My child is physically fit to participate in the activity and has not been diagnosed with any illness or medical condition that would impair his/her ability to participate in the activity. No physician has recommended against my child's participation.

I am aware that the activity poses a risk of injury to my child, and that occasionally accidents occur during activities of this kind. Knowing these risks, on behalf of myself and my child, I freely and voluntarily agree to assume all of the risks associated with participation in the activity.

In consideration of my child being permitted to enroll and participate in the activity, I agree (on my and my child's behalf, and on behalf of my and my child's successors, representatives, executors, heirs and assigns) to release and discharge the Program Sponsors from any liability, causes of action, claims or damages for personal injury, property damage and wrongful death arising from or attributable to my child's participation in the activity, whether or not such liability arises from the program sponsors' negligence in organizing, planning and implementing the activity.

I understand that by signing this instrument, my child and I (and our legal representatives, heirs, assigns or any other successors in interest) are barred from presenting any claim or instituting any civil action or present any claim for personal injury, property damage or wrongful death against the Program Sponsors who, through negligence or otherwise, might otherwise be liable to me, my minor child, my minor child's heirs, or other successors in interest for damages.

I HAVE READ THIS RELEASE CAREFULLY AND FULLY UNDERSTAND IT. I UNDERSTAND THE RISKS INVOLVED IN THE ACTIVITY. I UNDERSTAND THAT BY SIGNING THIS RELEASE, I GIVE UP THE RIGHT TO SUE THE PROGRAM SPONSORS. I SIGN THIS RELEASE FREELY AND VOLUNTARILY WITHOUT INDUCEMENT.

Please initial _____ In the event of a medical emergency, I authorize medical personnel attending to my child to make decisions regarding immediate medical treatment as may be necessary until such time as I can be consulted.

Please initial _____ By registering for any recreation class or activity, I grant the City of Diamond Bar permission to use my and/or my child's photograph, video or film likeness, for promotional use in any City-related media.

Name of Class/Activity: _____ Class #: _____ Date: _____

Participant's Parent/ Guardian Signature: _____	Participant's Signature If 14 years or older: _____
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Name of Class/Activity: _____	Class #: _____	Date: _____
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