



**COUNTY OF SAN DIEGO
DEPARTMENT OF PARKS AND RECREATION
SERVICE LEARNING/YOUTH PROJECTS
APPLICATION**



www.sdparcs.org

Please print. Complete both sides.

Name: _____ Date of birth _____

Address: _____ City _____ State _____ Zip _____

Telephone Number: _____ Email address: _____

School Attending: _____ Grade _____

If applicable, Service Learning: _____

Place of Employment: _____

Position: _____

Address: _____ Part-time _____ Full-time _____

Business Phone _____ Supervisor _____

Required by applicants under 18:

Mother's Name: _____

Address if Different From Above: _____

Day Phone: _____

Father's Name: _____

Address if Different From Above: _____

Day Phone: _____

Family Physician _____ Phone _____

Medical Condition we should be aware of: _____

I understand that, as a member of the County of San Diego Department of Parks and Recreation Service Learning/ Youth Projects Program, I am subject to all rules and regulations governing the program, as set forth by the Parks Department and my school.

I agree that I will not be reimbursed for any expenses incurred by me while training and I will receive no compensation for any duties performed by me unless so specified by the Director or his designated representative.

In the event of a medical emergency, initial treatment may be given.

I certify that the information given in this application is accurate to the best of my knowledge and that any false statements or answers will be grounds for disqualification.

Signature of Applicant: _____ Date: _____

Signature of Parent: _____ Date: _____

**Cheryl Wegner, Volunteer Coordinator
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