

Positive Teens

Participating In Positive Programs

What is P.T.P.I.P.P.? It is a program designed for teens, 12 to 17 years of age that would like to help their community in a positive and safe environment.

By volunteering, teens will learn valuable leadership and teamwork skills, gain experience for future employment, earn credit for college, and above all, you will be a part of the City of Gardena Recreation and Human Services Department team.

You will participate in Special Events, Sports league, After School Program, Day Camp and the everyday activities in one of our various Recreation and Human Services activities.

Come and find out how to be a part of this outstanding group of teens that have set high goals for themselves and are doing what it takes to achieve those goals.

For more information contact Evette Wedlow-Benjamin at 310-217-6175 or via email at ebenjamin@ci.gardena.ca.us or City of Gardena Recreation and Human Services Department at 310-217-9537 or you can stop by the office and pick up an application, 1670 W. 162nd Street. Applications are also available at any of our 6 parks and Rush Gymnasium.

We look forward to you becoming a part of the City of Gardena Recreation and Human Services Department team.

CITY OF GARDENA
Recreation and Human Services Department
1670 W. 162nd Street, Gardena
Kelly Fujio, Director
(310) 217-9537

POSITIVE TEENS PARTICIPATING IN POSITIVE PROGRAMS
VOLUNTEER PROGRAM

NAME: _____ PARENT/GUARDIAN: _____

ADDRESS: _____ CITY: _____ ZIP CODE: _____

PHONE: _____ CELL: _____ AGE: _____ M/F: _____ DOB: _____

SCHOOL: _____ CITY: _____ GRADE: _____

Lists volunteer and paid job experiences starting with the most recent, please include the supervisors name and number (i.e. Volunteer Programs, church, schools, paper route etc.)

List any sports, clubs, school or recreational activities in which you have participated. List any leadership positions you may have held in these clubs or/and activities.

Why do you want to be a part of the Positive Teens Programs?

List your availability: Day(s) and times:

Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____ Sat. _____ Sun. _____

I understand there is a time commitment involved and I am responsible for transportation to and from my assigned site.

Participant Signature: _____ Date _____

Parent /Guardian Signature: _____ Date _____

Parent/Legal Guardian Consent for Emergency Medical Treatment

In the event of injury and I cannot be reached, or time does not permit, I give permission to the City of Gardena Recreation and Human Services Department staff to obtain emergency medical treatment required for the immediate care of my child.

It is further understood that such permission includes the administration of medicine or treatment ordered by a duly licensed medical doctor. In no event will the City of Gardena or the City of Gardena Recreation and Human Services Department staff beheld liable for any accident or any emergency medical treatment rendered pursuant to this consent.

SIGNATURE OF MOTHER/GUARDIAN

DATE

SIGNATURE OF FATHER/GUARDIAN

DATE