

Summer Camp C.I.T. Program Instructor Trainee

Volunteer Description- C.I.T. are volunteer support personnel for the Sacramento State Aquatic Center summer camp instructors and counselors. They assist in keeping track of campers, properly fitting lifejackets, carrying boats to docks, making sure campers apply sunscreen and drink plenty of water everyday. They will also assist the instructors in teaching and supervising areas of activities: sailing, windsurfing, canoeing and kayaking with children ages 7-13.

Volunteer - The Summer Camp CIT Program run for 9 weeks. Please let the Sacramento State Aquatic Center know if you can volunteer for 7 weeks, or the number of weeks you are available to volunteer.

Sacramento State Aquatic Center will provide staff shirts. Sacramento State Aquatic Center dress code and employee standards will need to be followed.

Required Qualifications

- ❑ Must be in high school (work experience credits need to be pre-approved by your school advisor & Sacramento State Aquatic Center Camp Director)
- ❑ A parent or guardian must sign medical consent form and camper packet since C.I.T. candidates are minors.
- ❑ California Boating Safety Certificate (home study course).
- ❑ Must have a signed and approved work permit.
- ❑ Must complete a volunteer form and timesheet, to be covered by workers compensation benefits.

Preferred Qualifications-

- ❑ Must have participated in one of the Sacramento State Aquatic Center youth programs or the equivalent.
- ❑ Current CPR Certification.
- ❑ Current First Aid Certification.
- ❑ Lifeguard training or boating safety equivalent.

Interviews-are scheduled with the Associate or Camp Director. All eligible C.I.T.s will need to make arrangements for their own transportation. Staff training will be done at the Sacramento State Aquatic Center in the last week of May or first week of June.

For more information contact:

Cindi T. Dulgar, Associate Director @:
1901 Hazel Ave, Gold River, CA 95670

(916) 278-2842 or cindi@csus.edu



Associated Students, Inc.

California State University, Sacramento
6000 J Street
Sacramento, CA 95819-6011
(916) 278-5484

Sac State C.I.T. Volunteer Application

Date
Please Print

Last Name First Name MI.
Present Address

No. & Street City State Zip
() - () -
Cell Phone Home Phone E-Mail Address

Volunteer Position Desired

Position: _____

How did you learn about Sac State Aquatic Center.? _____

Have you ever participated in an Aquatic Center Class or Program? _____

Personal Information

Do you have any friends or relatives working for Sac State Aquatic Center or ASI? Yes No
If yes, state name(s) and relationship:

Name Relationship

Name Relationship

Are you currently enrolled as a student at Sac State? Yes No

Are you certified in CPR, First Aid, Lifeguarding, WFR, EMT? (*circle all that apply*)

Do you have a Driver's License? Yes No

If chosen, would you have a reliable means of transportation to and from the AC? Yes No

**ASSOCIATED STUDENTS AT SACRAMENTO STATE UNIVERSITY
VOLUNTEER AGREEMENT AND RELEASE FROM LIABILITY**

1. I, _____, agree to work for ASSOCIATED SERVICES, INC. Aquatic Center as a volunteer on _____ [name project or activity] from _____ (date) to _____ (date) [timeframe of activity, event or project].
2. I understand that **I will earn no wages or benefits and will not be entitled to unemployment insurance benefits upon the termination of this agreement or as a result of this service.**
3. I am aware that participation as a volunteer may require periods of standing, lifting and carrying up to 25 pounds and will require the exercise of reasonable care to avoid injury. I am voluntarily participating in this activity with knowledge of the hazards and potential dangers involved, and agree to accept any and all risks of personal injury and property damage.
4. As consideration for volunteering for ASI, I hereby agree that I and my assignees, heirs, guardians, and legal representatives, will not make a claim against or sue ASI or its employees, agents or contractors for injury or damage resulting from the negligence, whether active or passive, or other acts, however caused, by any of its officers, employees, agents, or contractors of ASI as a result of my volunteering. I HEREBY RELEASE AND DISCHARGE ASI AND ITS OFFICERS, EMPLOYEES, AGENTS AND CONTRACTORS FROM ALL ACTIONS, CLAIMS, OR DEMANDS THAT I, MY HEIRS, GUARDIANS, AND LEGAL REPRESENTATIVES NOW HAVE, OR MAY HAVE IN THE FUTURE, FOR INJURY OR DAMAGE RESULTING FROM MY PARTICIPATION IN THE PROJECT.
5. I UNDERSTAND THAT IF I AM INJURED IN THE COURSE OF THE PROJECT, I AM COVERED BY ASI ACCIDENT INSURANCE. I authorize ASI to seek emergency medical treatment on my behalf in case of injury, accident or illness to me arising from my involvement as a volunteer.
6. I understand that the materials and tools provided by ASI are and remain the property of ASI, and I agree to return these tools and any remaining materials to ASI at the end of my volunteer service.
7. I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND SIGN IT OF MY OWN FREE WILL.

Date

Volunteer Signature

Printed Name

Date

ASI Representative Signature

Printed Name

If volunteer is under 18 years of age, parent or guardian must read and sign the following:

This release, its significance, and assumption of risk have been explained to and are understood by the minor.

Date _____ Parent or Guardian Signature _____

MUST BE COMPLETED FOR ALL VOLUNTEERS UNDER THE AGE OF 18

**ASSOCIATED STUDENTS AT SACRAMENTO STATE UNIVERSITY
 MEDICAL INFORMATION FORM**

Name: _____ Daytime Phone: _____
 Address: _____ Evening Phone: _____
 City: _____ State: _____ Zip: _____ Email: _____

EMERGENCY MEDICAL INFORMATION

Date of Birth: _____ Last tetanus booster date, if available: _____

1. List allergies, if any: (i.e. insect bites, drugs, food, etc. *NOTE*: counteractive medication should be carried at all times.)
 Circle one: NONE YES... _____
2. List any medications currently taken:
 Circle one: NONE YES... _____
3. List any serious illness or injury occurring in the past three years:
 Circle one: NONE YES... _____
4. List any current medical conditions: (i.e. asthma, diabetes, epilepsy, heart conditions, etc.)
 Circle one: NONE YES... _____
5. List conditions and instruction, if currently under a doctor's care:
 Circle one: NONE YES... _____
6. List any other condition that may affect your ability to participate: (i.e. history of cardiac conditions in family, etc.)
 Circle one: NONE YES... _____

Emergency Contact: _____ Daytime Phone: _____
 Relationship to Participant: _____ Evening Phone: _____

Doctor: _____ Phone: _____
 Insurance: _____ Policy #: _____

**AUTHORIZATION TO TREAT A MINOR
 MUST BE COMPLETED FOR ALL VOLUNTEERS UNDER THE AGE OF 18**

I (we) the undersigned parent, parents or legal guardian of the minor stated above, do hereby authorize and consent for any x-ray examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act or a dentist licensed under the provisions of the Dental Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the states of California or Nevada. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but it is given to provide authority and power to render care which the aforementioned physician in the exercise of his best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that nay of the above treatment will not be withheld if the undersigned cannot be reached.

This consent shall remain effective through _____
 (Program Date: month /day / year)

PARENT OR GUARDIAN (print name)

PARENT OR GUARDIAN SIGNATURE & DATE