



STARS Counselor-In-Training Application

250 N. 5th Street, Grand Junction, CO 81501
(970) 244-1512
Fax (970) 256-4007
Job Line (970) 244-1449
www.gjcity.org

THE CITY OF GRAND JUNCTION IS AN EQUAL OPPORTUNITY EMPLOYER. We do not discriminate on the basis of race, color, religion, national origin, sex, age, or disability. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

PERSONAL INFORMATION

Name: _____
(Last) (First) (Middle)

Address: _____
(Street) (City) (State and Zip Code)

(Home Phone Number) (Cell Phone Number) E-Mail Address: _____

If under 18 years of age please list Date of Birth _____ Grade Completed as of May 31st _____

T-Shirt Size (Adult Size) Small Medium Large Extra-Large

STARS COUNSELOR-IN-TRAINING SESSION DESIRED

Session 1 Session 2

DESIRED LOCATION (PLEASE RATE 1 - 4)

Bookcliff Activity Center _____ East Middle School _____ Orchard Mesa Middle School _____ Wingate Elementary School _____

EDUCATION

Highest Grade Completed _____

School Name and Location Graduated Degree/Certificate Course of Study

High School _____

SPECIAL SKILLS AND QUALIFICATIONS: Please list any previous related experience or training, i.e. babysitting, youth groups, CPR certification, or other volunteer work.

What motivated you to apply for the STARS Counselor-In-Training program?

What skills do you hope to gain from this program?

PERSONAL REFERENCES (Do Not Use Your Relatives)

Complete Name and Title	Complete Address	Work Phone	Yrs Known
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

In Case of Emergency Whom Should We Contact?

Name Relationship

Home Phone Cell Phone Work Phone

Address (if different from above): _____
(Street) (City) (State and Zip Code)

INFORMED CONSENT AND RELEASE:

I _____, am agreeing to be a volunteer for the City of Grand Junction Parks and Recreation Department STARS Counselor-In-Training program. I understand that I will not receive any pay for my time spent in training opportunities and in working my scheduled shift, and that there is not an expectation or promise of employment with the City. I understand this agreement can be canceled at any time by the Department or me.

I will comply with all the policies, procedures, rules, regulations, directives, and instructions provided by the program coordinator and/or division supervisor. By entering into this agreement, I understand that I will not be covered by Workers Compensation should I become injured on the job. I hereby waive all claims or causes of action for physical injury or illness that may result from my volunteer service. Also, my personal belongings are not in any way insured, and I am therefore, fully responsible for myself and my property.

I understand that all information furnished here may be verified. I authorize all individuals and organizations named in this application to release supporting information relative to such verification, and release such sources and the City of Grand Junction from liability for any claim that may result.

I am aware that training provided by the Parks and Recreation Department is to assist in performance functions and assignments, which are a benefit to the community and/or volunteer.

I am aware that the City of Grand Junction and the Parks and Recreation Department may use my photograph for any official Department publications and/or productions.

By signing below I acknowledge that I have read and understand the above statements and that my agreement to the terms of this release is voluntarily made.

Signature

Date

Signature of Parent/Guardian if Volunteer is a minor

Relationship