

STUDENT ASSISTANT VOLUNTEER

S.A.V. APPLICATION - SCHOOL YEAR 2016-2017

The Cooper City Recreation Department is currently accepting applications for Student Assistant Volunteers for our Kids Day Off Camp and Cooper City special events.

S.A.V. assist the Recreation Department staff at special events and assist counselors with the camp program. This is a great learning experience and FUN too!

CANDIDATES: Program participants **must** be residents of Cooper City and currently enrolled in 9th, 10th, 11th, or 12th grades. All prospective S.A.V.s may be required to submit to a background check.

LOCATION: Kids Day Off Camp will be held at the
Cooper City Community Center
9000 S.W. 50th Place, Cooper City 33328

DATES: The S.A.V. Program is for the entire 2016-2017 school year. On the back of the S.A.V. Registration Form, please circle the days that you are interested in working. The Recreation Department will contact you if your help is needed on a particular camp day.

TIMES: Kids Day Off: 9:00 a.m. - 5:00 p.m. (Community Center)
(Extended hours: 8:00 a.m. - 6:00 p.m.)
Special Events are held at varying locations.

FEES: S.A.V.s will not be paid. An initial participation fee of **\$20.00 is due at the time of registration**. This cost covers the S.A.V. uniform shirt, field trip and supervision for the first two camp volunteer days. For each additional volunteer camp day, a \$5.00 fee is required to cover activity costs.

Cooper City Recreation Department: 954.434.4300, #272
S.A.V. Program E-mail: SHarrison@coopercityfl.org

**Cooper City Recreation Department
Student Assistant Volunteer
Registration Form-School Year 2016-2017**

Applicant's Name: _____
First *Last*

Address _____
Street Address *City* *Zip Code*

E-mail #1 (required): _____ @ _____

E-mail #2 (optional): _____ @ _____

Home Phone: _____ **Applicant's Cell:** _____

Shirt Size: (circle one) Adult S / M / L / XL

Applicant's Date of Birth: _____ **Current Age:** _____

School Attending: _____ **Grade in School:** _____
(2016/17 School Year) *(2016/17 School Year)*

Parent/Guardian Cell Phone: _____ **Work:** _____

(Contact Name: _____ Relationship to Applicant: _____)

Parent Cell Phone: _____ **Work:** _____

(Contact Name: _____ Relationship to Applicant: _____)

Emergency Phone Contact: _____
Name *Number*

Parent/Guardian

As the parent/legal guardian for _____, I give my child permission to participate in the Student Assistant Volunteer Program at Cooper City Recreation Department. I understand that my child may be required to submit to a background check in order to volunteer.

Signature: _____ **Name Printed:** _____

Relationship to Applicant: _____ **Date:** _____

*** PLEASE TURN OVER AND MARK ALL DATES THAT YOU ARE AVAILABLE TO VOLUNTEER**

OFFICE USE ONLY			
PAYMENT AMOUNT: _____	PAYMENT DATE: _____	RECEIPT #: _____	T-SHIRT
	GIVEN (Y/N): _____	SHIRT SIZE: _____	

2016 - 2017 SCHOOL YEAR

NOTE: As an S.A.V., you are required to work 9 am - 5 pm on camp days (unless otherwise noted), but you may work additional hours if you wish. Please look over the following camp dates that we are offering this school year and put a * (star) next to those days that you would be available to volunteer a full camp day.

DAY	DATE	PAYMENT / RECEIPT #	HOURS VOLUNTEERED
Mon.	Oct. 3	_____ / _____	_____
Wed.	Oct. 12	_____ / _____	_____
Fri.	Oct. 28	_____ / _____	_____
Wed.	Nov. 23	_____ / _____	_____
Tues.	Dec. 27	_____ / _____	_____
Wed.	Dec. 28	_____ / _____	_____
Thurs	Dec. 29	_____ / _____	_____
Tues..	Jan. 3	_____ / _____	_____
Wed.	Jan. 4	_____ / _____	_____
Thurs.	Jan. 5	_____ / _____	_____
Fri.	Jan. 6	_____ / _____	_____
Fri.	Jan. 13	_____ / _____	_____
Fri.	Mar. 24	_____ / _____	_____
Mon.	Apr. 10	_____ / _____	_____
Tues.	Apr. 11	_____ / _____	_____
Wed.	Apr. 12	_____ / _____	_____
Thurs.	Apr. 13	_____ / _____	_____
Fri.	Apr. 14	_____ / _____	_____

During the school year, Cooper City Recreation will be hosting several special events for which we will need volunteers to assist. If interested, please check below.

_____ *Yes, I would be interested in working special events.*

EVENT DATE	EVENT TITLE	HOURS VOLUNTEERED
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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