

## CITY OF TUSTIN PARKS AND RECREATION DEPARTMENT

# TUSTIN TEENS IN ACTION

Thank you for your interest in Tustin Teens in Action. This program is designed for teens who want to develop their leadership and communication skills while gaining experience in planning and instructing activities for the community. The program runs throughout the school year. Meetings are held once a month in the evenings.

**Application Deadline: Monday, September 15, 2025**

**Orientation/Interview: Wednesday, September 17, 2025**

4:00–5:00 pm

Columbus Tustin Recreation Center (17522 Beneta Way, Tustin 92780)

### Description/Responsibilities:

- Assist in supervising and ensuring the safety of program participants during activities and programs.
- Organize group activities, games, arts and crafts, and other projects.
- Interact positively with staff, participants, parents, and the general public.
- Volunteer at various city-sponsored events, such as Tustin Tiller Days, Halloween Howl, Holiday Tree Lighting, and more

### Requirements:

- One application required per school year
- Must be a high school student entering grades 9–12 (ages 14–17)
- Must enjoy working with people, demonstrate responsibility, and be able to follow directions and rules
- Must provide an academic, professional, or athletic recommendation letter, including the name, phone number, and email
- Must provide a personal statement of 5–7 sentences
- Must be able to volunteer a minimum of 20 hours per program year (September – May)

### Return to:

#### Mail

Parks and Recreation Department  
300 Centennial Way  
Tustin, CA 92780

Email: [TPRD@tustinca.org](mailto:TPRD@tustinca.org)

### Drop-off Locations (Hours of operation vary):

City Hall – Parks and Recreation Department – 714.573.3326  
300 Centennial Way, Tustin 92780

Columbus Tustin Recreation Center – 714.573.3009  
17522 Beneta Way, Tustin 92780

Tustin Family and Youth Center – 714.573.3370  
14722 Newport Ave, Tustin 92780



# TUSTIN TEENS IN ACTION



## Applicant Information

---

First Name	Last Name	MI	
Street Address	City	State	Zip Code
Shirt Size	Phone Number	Email	
	F / M / Decline to State	9 / 10 / 11 / 12	
Birthdate	Sex	School Name	Grade Level

---

## Special Skills/Education/Applicable Training:

---

## Previous Volunteer Experience:

---

**Are you able to attend meetings on Wednesday nights and be present at events? See handbook for program dates.**

---

**Personal Statement: Why are you interested in joining Tustin Teens in Action? Please include in 5-7 sentences on a separate document and attach to the application.**

---

**Please provide an academic, professional, or athletic recommendation letter, including the name, phone number, and email. Please include on a separate document and attach to the application.**

# CITY OF TUSTIN

## LIABILITY RELEASE AND ASSUMPTION OF RISK



WAIVER & RELEASE OF LIABILITY In consideration for participation in the programs and activities (“PROGRAMS”) held in person, through an online platform, or by any other means whether located on or off of public property conducted by the City of Tustin, the Tustin Unified School District, or other such providers (“PROGRAM PROVIDERS”), I, on behalf of myself and on behalf of the participant of the PROGRAMS, if someone other than me (including any minor children for whom I have the capacity to contract) (collectively, “PARTICIPANT”) hereby: (1) acknowledge that participation in the PROGRAMS is voluntary; (2) agree to follow and abide by all rules, regulations, guidelines, and codes of conduct applicable to participation in the PROGRAMS; (3) certify that the PARTICIPANT is in good health, physically able to participate in the PROGRAMS, and does not have a medical condition that could make participation in the PROGRAMS hazardous to the PARTICIPANT’s health or the health of others; (4) agree that PARTICIPANT may have their photograph taken or be filmed in a class and used in future CITY promotional materials and publications and understand that I will not receive any compensation for such use. (5) agree that PROGRAM PROVIDERS may terminate PARTICIPANT from participation in PROGRAMS at any time and in their sole and absolute discretion; (6) understand that participation in the PROGRAMS can be dangerous and could expose the PARTICIPANT to risks of bodily injury, property damage, death, disability, communicable diseases, illnesses, viruses (including but not limited to COVID-19), or other loss to PARTICIPANT or others (collectively, “RISK OF INJURY”); (7) CERTIFY THAT PARTICIPANT AGREES TO ASSUME ANY AND ALL RISK OF INJURY ON BEHALF OF PARTICIPANT AND ANYONE WHO MAY CLAIM ON PARTICIPANT’S BEHALF; (8) CERTIFY THAT PARTICIPANT AGREES, ON BEHALF OF PARTICIPANT AND ANYONE WHO MIGHT CLAIM ON PARTICIPANT’S BEHALF, TO RELEASE, WAIVE, AND HOLD THE PROGRAM PROVIDERS HARMLESS FROM ANY AND ALL CLAIMS, ACTIONS, PROCEEDINGS, AND LIABILITY OF EVERY KIND OR NATURE WHATSOEVER, WHETHER FORESEEN OR UNFORESEEN, KNOWN OR UNKNOWN, RELATED TO, CAUSED BY, OR ARISING OUT OF PARTICIPANT’S PARTICIPATION IN THE PROGRAMS; and, (9) certify under penalty of perjury under the laws of the state of California that the foregoing is true and correct

**I HAVE CAREFULLY READ THIS DOCUMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A FULL RELEASE OF ALL LIABILITY AND SIGN IT OF MY OWN FREE WILL.**

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Relation to Participant: \_\_\_\_\_

School Student Attends: \_\_\_\_\_

### EMERGENCY INFORMATION

Parent/Guardian(s) may be reached on this date at:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_