

# California STATE★FAIR

## Youth Task Force

*Promote the Fair, Learn Job Skills, Build Networks & Have Big Fun!*  
**A Teen Volunteer Program**

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### General Information

Be a part of our official teen volunteer program by joining the Youth Task Force (YTF) team during the 2016 California State Fair. This division of the program is for fair-time volunteer opportunities only (month of July).

Volunteers may use dedicated hours to fulfill high school requirements, and the experience should be listed on scholarship applications and resumes.

Volunteers must appear for duty in t-shirts provided by CA State Fair, weather/professionally appropriate jeans/kakis, and closed-toe shoes. The State Fair will issue volunteers a name badge & a 2016 Season Admission Credential. Members who drive themselves to volunteer events should inquire about parking passes.

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### Level of Involvement

YTF Members are expected to attend Orientation, "All Hands" events, and at least 24 volunteer hours during the CA State Fair. Members are responsible to generate a final report/presentation about "My BEST experience at The 2016 CA State Fair" by end of fair to meet graduation requirements (avg. 30 hours)

### Forms Required

After membership application is approved, members must submit the following forms:

1. Work Permit (signed by school)
2. Volunteer Form
3. Responsibility Pact
4. Medical Treatment Consent Form
5. Health History Information

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**Applications Due:** June 15, 2016

**Orientation:** June 29, 2016 6:00pm-7:30pm  
Cal Expo, Administration-Board Room  
1600 Exposition Blvd, Sacramento, CA 95815  
Enter at Exposition Blvd & Challenge Way.  
Follow signs to Administration. Park in Lot/Gate 3.

**Questions?** Contact Alison Wells  
916.263.7875, [awells@calexpo.com](mailto:awells@calexpo.com)



## Youth Task Force—Fairtime Division—Application

### For You

Name:	Grade:
Home Phone:	Cell #:
Email Address:	
Street Address:	
City:	State, Zip Code:
Birth Date:	School:

Please sign here

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

### Parent/Guardian Stuff

Name:	
Home Phone:	Cell #:
Email Address:	

### Yes, your parent also needs to sign for you.

I give my consent to let my son/daughter participate in the Youth Task Force Program. I have noted the "All Hands Days" listed on the calendar and my son/daughter will be able to attend them all.

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

### Please attach a resume, which should include the following:

1. Name & Contact Information
2. Any Volunteer and/or Work Experience (including past YTF hours)
3. Education & Extracurricular Activities
4. Special Skills
5. Hobbies

You will receive a phone call for a brief interview, and another call to notify you if you have been selected as a member of the 2016 Youth Task Force Team. Selected applicants must submit the attached (4) forms and a current workers permit at Orientation.

**Please Send Applications to:**  
Alison Wells, Youth Task Force  
P.O. Box 15649, Sacramento, CA 95852  
Or email to awells@calexpo.com



# 2016 Youth Task Force—Preliminary Calendar

As of February 2016

*Many more events to be announced, especially during fair-time, July 8-24, 2016*

## Sample of Available Fairtime Tasks

*There will be MANY MORE opportunities every day of the Fair, July 8-24, 2016*

**Swabby Duty:** Assist chefs, wash dishes, help backstage in California's Kitchen

**Dream Big Exhibit Docent:** Assist with children's activities, keep exhibit tidy

**Student Showcase Exhibit Docent:** Greet guests, pass out & tally People's Choice ballots, offer bathroom breaks/booth coverage for demonstrating agents

**Nature, Farm & Equine Exhibits:** Facilitate hand-on activities for fair goers to learn about costal clean up efforts, food growth and equine sports.

## June

29th*	6:00pm-7:30pm	YLC/YTF Welcome Night (All Hands Day)
30th	10:00am-3:00pm	Student Showcase Award Tagging

## July

The California State Fair runs July 8th - 24th  
The official calendar will be on a shared google.doc

1st	10:00am-3:00pm	Student Showcase Award Tagging
6th*	11:00am-1:00pm	YLC/YTF Fair Time Orientation (All Hands Day & Lunch)
TBA-	Tentatively on 13th	Student Showcase Awards Ceremony
12th	10:30am-8:30pm	Youth Book Giveaway (4 shifts)
19th	10:30am-8:30pm	Youth Book Giveaway (4 shifts)
TBD	10:00am-8:00pm	Youth Leadership Council Activity Booth (4 shifts)
TBD	TBD	Youth Leadership Council Cooking Demonstration
29th*	12:30pm-6:30pm	Entry Pick Up Day
30th*	8:30am-1:30pm	Entry Pick Up Day

## August

4th*	6:00pm-8:00pm	Graduation & Log Cabin Dinner (parents invited)
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**\*Starred events are "All Hands Days". All members are expected to attend these events. Sign-ups and announcements for all other activities are held at Planning Meetings.**

California Exposition and State Fair  
State of California  
**VOLUNTEER RECORD AND SERVICE AGREEMENT**

Department: Programs Department Are you at least 18 years of age? Yes  No

Name: \_\_\_\_\_ (optional)  
SSN #: \_\_\_\_\_

Address: \_\_\_\_\_ City, Zip Code: \_\_\_\_\_

Telephone #: \_\_\_\_\_

In case of emergency notify (Name): \_\_\_\_\_

Relationship: \_\_\_\_\_ Telephone #: \_\_\_\_\_

If an intern, indicate current school: \_\_\_\_\_ Major: \_\_\_\_\_

Volunteer will work from: June 29, 2016 through: August 4, 2016

Duties: Youth Task Force Volunteer Fair Time Division (various activities)  
(brief description or attach duty statement)

Indicate if the duties will include any of the following:

travel;  handling of money;  driving of a State and/or personal vehicle on State business  
(includes driving a golf cart and/or personal vehicle on grounds on State business).

If driving a State and/or personal vehicle on State business:

Driver's License # \_\_\_\_\_ Expiration date: \_\_\_\_\_

I, \_\_\_\_\_ am an unpaid volunteer for the California Exposition and State Fair and, as such, know that I am not entitled to State employee-related benefits or pay. As an unpaid volunteer, I am willing to serve at my own risk. I hereby waive all claims, suits, actions or any recourse against the state, Cal Expo, its officers, agents, servants or employees including the right to contribution for loss or damage to persons or property arising from, growing out of, or in any way connected with or incident to my volunteer services. I will comply with all policies, procedures, rules, regulations, directives and instructions provided by Cal Expo management. Upon prior written approval by Department management, I may be reimbursed for necessary allowable expenses for subsistence and travel in connection with approved volunteer services. Such reimbursement shall be in accordance with Board of Control Rules. If I operate a private motor vehicle as part of my volunteer activities, I must file a certificate of insurance coverage and mechanical safety of the motor vehicle with the Business Services office.

\_\_\_\_\_  
*Signature of Volunteer* *Date*

\_\_\_\_\_  
*Parent/Guardian if Volunteer under 18 years of age* *Date*

\_\_\_\_\_  
*Signature of Youth Programs Supervisor* *Date*

\_\_\_\_\_  
*Signature of Program Director* *Date*

\_\_\_\_\_  
*Approved by Personnel Manager* *Date*

## California State Fair Youth Programs

### Responsibility Pact

(Please initial each guideline)

- \_\_\_\_\_ 1. You are representing yourself, your team, and the California State Fair (CSF). As a representative of this program you are required to appear in clean clothing, appropriate for specific duties. No cut-off shorts, frayed jeans, excessively revealing clothing, or body jewelry is considered appropriate for the Fair. We reserve the right to ask you to cover any inappropriate body art.
  
- \_\_\_\_\_ 2. When you sign up to volunteer for any additional activities, you are being counted on to fulfill that obligation. If you have to make a change to that schedule, it is your responsibility to let the Master of Calendars know asap.
  
- \_\_\_\_\_ 3. Be on time. Please watch the schedule closely and be ready to begin at the start time of your shift. Allow for traffic and parking delays during fair.
  
- \_\_\_\_\_ 4. There will be break times. If you would like a break, please let the Program Leader know. You must have permission to leave the building. The Program Leader must know where you are at all times during your scheduled shift. Keep track of your personal belongings.
  
- \_\_\_\_\_ 5. When on duty in the building, you are an ambassador between the public and the California State Fair. Therefore please do not chew gum, eat food, gossip, swear, and put away personal electronics while in view of public.
  
- \_\_\_\_\_ 6. If confronted with an issue by a member of the public, tell the person that you will find State Fair personnel to help with their conflict. Do not put yourself in the position of trying to solve problems.
  
- \_\_\_\_\_ 7. The possession and use of alcoholic beverages, tobacco, and/or drugs, other than prescription medication is prohibited.
  
- \_\_\_\_\_ 8. Display of overly affectionate attention between participants is prohibited.
  
- \_\_\_\_\_ 9. Obscene and discriminatory language, roughhousing, teasing, bullying and insubordination will not be tolerated. Youth members and volunteers are to demonstrate respect for one-another.
  
- \_\_\_\_\_ 10. Infractions of this Code of Conduct must be reported promptly to the adult in charge, the Youth Programs Supervisor, and/or to the Programs Director, who will bear final responsibility for disciplinary action. Parents/Guardians and the Youth Programs Office will be notified of any action taken. Penalties may include any or all of the following:
  - ◆ Sending a participant home
  - ◆ Barring that participant from future CSF events
  - ◆ Assessing the participant for the cost of damages and repairs in the event of damage/destruction of property
  - ◆ Releasing the participant to nearest law enforcement agency and/or the proper authorities
  - ◆ Termination of Youth Leadership Council/Youth Task Force Membership

I have read, understand and agree to abide by Youth Programs Guidelines.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

California State Fair Youth Programs

Medical Treatment Form

Minor

Confidential

Full Name (first, middle, last)

Cell Phone Number (with area code)

This medical release form is authorized for Youth Programs functions and activities for the date(s) specified below:

California State Fair 2016 Youth Task Force  
Club/Unit Name

Sacramento, California  
County and State

June 29, 2016 until August 4, 2016  
Dates (From/To)

While my child is attending or traveling to or from this California State Fair function, I HEREBY AUTHORIZE THE YOUTH PROGRAM SUPERVISOR OR CALIFORNIA STATE FAIR STAFF MEMBER, or in his/her absence or disability, any adult accompanying or assisting him/her, TO CONSENT TO THE FOLLOWING MEDICAL TREATMENT FOR SAID MINOR:

Any X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and/or surgeon licensed under the provisions of the Medical Practices Act, California Business and Professions Code section 2000 et seq.: or any X-ray examination, anesthetic, dental, or surgical diagnosis or treatment, and hospital care to be rendered by a dentist licensed under the provisions of the Dental Practices Act, California Business and Professions Code section 1600 et seq.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. This authorization shall remain effective until my child completes his/her activities in this program unless sooner revoked in writing. I understand that as a parent/legal guardian, I will be responsible for the cost of any service or treatment provided not covered by the California State Fair Worker's Compensation Insurance.

Authorization and Consent Release

I hereby certify that my child is in good health and can travel to and participate in all functions of the Youth Task Force Program as described above. I understand that it is my responsibility to keep the information on this form updated including health history, parent/guardian status, by contacting the California State Fair Office Office.

Signature of Parent/Guardian

Date

( )  
Emergency Daytime Phone

( )  
Emergency Evening Phone

Mailing Address

City, State, Zip

OR

Non-Consent

I do not desire to sign this authorization and understand that this will prohibit my child from receiving any non-life threatening medical attention in the event of illness or accident.

Signature of Parent/Guardian

Date

**California State Fair Youth Programs**

**Health History Information**

**Confidential**

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Subject To:	Yes	No	Now Have or Have Had:	Yes	No
Colds			Heart Trouble		
Sore Throat			Asthma		
Fainting Spells			Lung Trouble		
Bronchitis			Sinus Trouble		
Convulsions			Hernia (rupture)		
Cramps			Appendicitis		
Allergies			Has Appendix Been Removed?		
Is Eyesight Good?					
Is Hearing Good?					
Currently under any type of medical care?					
Is there any history of behavior disorders, emotional disturbances, or severe moodiness?					
Been under psychiatric treatment within the past five years?					

Date of last Tetanus Vaccination: \_\_\_\_\_

Please check over-the-counter medications that may be administered:

<input type="checkbox"/>	Tylenol	<input type="checkbox"/>	Ibuprofen	<input type="checkbox"/>	Cough Syrup	<input type="checkbox"/>	Decongestant	<input type="checkbox"/>	Dramamine
<input type="checkbox"/>	Antacid	<input type="checkbox"/>	Polysporin	<input type="checkbox"/>	Hydrocortisone	<input type="checkbox"/> Others:			

Please identify allergies including allergies to food, medications, and drug reactions.

Please list any disabilities or disorders that may affect participation at events such as: eyesight, hearing, speech, paralysis, diabetes, ulcer, etc.

Please list all current medications

Name of Medication	Dosage	Times Taken

Remarks and Special Instructions. Please explain any "yes" answers on this page: