



RISE Workforce Development Participant Application

Eligibility requirements: Participants must be 16-21 years of age by January 1, 2026, and must reside in the following ZIP Codes: 29016, 29044, 29052, and 29061.

Please complete this application electronically or in print in its entirety, and submit to Amye Mathews at 7473 Parklane Road, Columbia, or amyemathews@rcrc.state.sc.us.

PERSONAL INFORMATION

NAME: _____
FIRST MI LAST DOB

ADDRESS: _____
STREET CITY, STATE ZIP

PHONE: _____
HOME CELL OTHER

EMAIL ADDRESS: _____

EMERGENCY CONTACT: _____
FIRST MI LAST RELATIONSHIP

CONTACT PHONE: _____
HOME CELL OTHER

EDUCATION, TRAINING & EXPERIENCE

Age as of January 1, 2026: _____ Current Grade: _____

Name of High School: _____

Please list any extra curricular activities you are involved in (clubs, sports, arts programs, etc)

Please list any additional certification and/or licenses you hold (CPR, First Aid, AED, Lifeguard, etc)

Please indicate your knowledge skills and abilities:

- Arts and Crafts
- Assist with Senior Citizens
- Data Entry
- Google Sheets
- Google Docs
- Writing/Proofing
- Assist with adults
- Athletics
- Experience with Special Events
- Gmail
- Photography
- Other
- Assist with children
- Attention to Detail
- Filing, sorting, etc.
- Microsoft Word
- Photoshop/Graphics

Please list employment/volunteer experience. Resume may be attached. Use additional paper if needed.)



PROGRAM EXPECTATIONS

What careers are you interested in pursuing after graduation, and why?

What would you like to accomplish through the RISE Program?

AVAILABILITY

Using the space below, please indicate the dates and times you would be available. (Check marks are acceptable):

Which cohort are you interested in attending:

- Cohort #1: January-February, 2026
 Cohort #2 March-April, 2026
 Cohort #3: May-June, 2026
 Cohort #4 July-August, 2026
 T-shirt Size (S-2x): _____

| | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|------------------|--------|--------|---------|-----------|----------|--------|----------|
| Morning | | | | | | | |
| Afternoon | | | | | | | |
| Evening | | | | | | | |

Please list any additional notes regarding availability:

REFERENCES

Please list at least two references who are not related to you.

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

AGREEMENT

I certify that the answers given herein are true and complete to the best of my knowledge without consequential omission of any kind whatsoever. I agree that Richland County Recreation Commission shall not be liable in any respect if I am disqualified from the RISE program because of the falsity of statements, answers or omissions made by me in this application.

I consent to any substance abuse and/or criminal background investigation which may be required for the position to which I am applying.

Consent to Use Photographs

I understand that photographs may be taken of me at any Richland County Recreation Commission program or facility for publication in materials used to promote Richland County Recreation Commission, its programs, or events.

Waiver and Release

In consideration of being permitted to participate in any way as a patron of Richland County Recreation Commission, I for myself, my heirs, personal representatives or assigns, do hereby release, waive, and forever discharge Richland County Recreation Commission, its Board members, officers, employees and agents for liability from any and all claims, demands, rights and causes of action of whatever kind resulting in, but not limited to, bodily injury, personal injury, accident or illness (including death), and property damage sustained by me, my agents, employees, or family members arising from participation as a volunteer for Richland County Recreation Commission.

Indemnification

I shall indemnify and hold harmless Richland County Recreation Commission, its Board members, officers, employees and agents from and against any and all claims, losses, damages, fines penalties, suits and costs including injury and death penalties imposed by any authority which arise out of any violation of law by, and all acts and omissions caused by me, my employees, subcontractors, agents, or representatives while participating with Richland County Recreation Commission.

Signature of Applicant: _____ Date: _____

Signature of Parent: _____ Date: _____