

Safety Town 2010

Application for Volunteer Student Instructor (7th – 12th grades)

Name: _____

Street Address: _____

City: _____

Phone Number: _____ Age _____

E-mail: _____

****All correspondence will be through e-mail this year.**

School _____



What activities, sports, or clubs are you involved in?

Have you worked with young children before? Please list examples:

This year for Safety Town we are offering 7 sessions. Remember that you are responsible to get to and from Safety Town, which will be held at Falls Lenox Primary School. It is very important that you are available the entire week. The preschoolers need to have the same helper each day. You will also be required to arrive 15 minutes prior to class start time and stay a short time after the class ends to help with set up and clean up. Please have a parent/guardian read the information and sign below. You must also complete the emergency form that is on the back of this application. There will be a training session on Friday, June 11. Details will be **e-mailed** to you with your session assignment.

Completed applications can be mailed or dropped off at:

Susan Hren
27212 Hatherton Lane
Olmsted Twp, OH 44138

Please return by May 14, 2010

Please place a number before the following sessions that you are available. For example if you can only help out at one AM session please mark a 1 next to that session only. If you can volunteer at several but would like to only help out at one please mark the preference of which session you want to help with by numbering the sessions 1 than 2 than 3 etc... We will only be accepting 6 volunteers per session this year. Should you have any questions my phone number is (440)427-0920

June 14-18, 2010	9:00 – 11:30 am	_____
	12:30 – 3:00 pm	_____
June 21-25, 2010	9:00 – 11:30 am	_____
	12:30– 3:00 pm	_____
	6:00 – 8:30 pm	_____
June 28-July 2, 2010	9:00 – 11:30 am	_____
	12:30 – 3:00 pm	_____

**Safety Town is funded by your fees and subsidized through OECPTA and benefactors who donate through this PTA. Donations are always accepted. You are welcome to contact the PTA with your thoughtful donation.*

Parent/Guardian, please fill out and sign:

I give my child _____ permission to help with the Olmsted Safety Town program. I also give permission for my child to ride the school bus on the Safety Town fieldtrip.

Parent/Guardian Signature _____

Date _____

**Olmsted Early Childhood PTA
Safety Town 2009**

Emergency Information

Child's name _____
Birthday _____

Parent(s)/Guardian(s) Name _____
Address _____

Home Phone _____
Work Phone _____
Cell Phone _____

Please list any allergies that your child has (i.e. bee stings, food, medication, etc)

Please list any medication your child is currently taking _____

Please list 2 people we can contact in case of an emergency:

- 1) Name _____
Phone Number _____
Relation to child _____
- 2) Name _____
Phone Number _____
Relation to child _____

Please list the names of individuals who are permitted to pick up your child from Safety Town

1. _____
2. _____
3. _____

Physician's Name and Telephone Number _____

Do we have permission to send your child to the nearest hospital in case of emergency? Please circle and sign. YES NO

Signature _____ Date _____

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