



Student Volunteers

The 2008 Greater Green Bay Safety Town Program needs you!!!

Come join the fun at SAFETY TOWN, held at Howe School, this summer by volunteering to assist young children in learning safety skills. Safety Town is registered with the Volunteer Center; you will be able to accrue service hours.

Your duties will include:

- Being responsible for 2-4 children, ages 4-6, by remaining with them during the safety instruction and helping them learn the daily safety lessons.
- Assisting the Safety Town Teacher as requested.
- Attending an orientation on **June 13th** (10am *or* 1 pm) at **Howe Elementary School** where you will receive your training and Safety Town T-Shirt.

Participants may volunteer for multiple sessions. Register early to assure your volunteer spot. Applications are accepted first come, first served.

To register to be a student volunteer: **1)** Student volunteer must be 12 years old or older **2)** Fill out the attached registration form **3)** Have your parent or guardian sign the waivers **4)** Mail the form to: SAFETY TOWN Volunteers, Center for Childhood Safety, 1870 Cofrin Drive, Green Bay WI 54302.

Questions? Email Kathi - safetytown@ccsgb.org or Call 448-7136.

Things you should know:

Please save this page

- To participate in this program you should genuinely like children and have an interest in their safety. Please give this careful consideration before volunteering.
- Please understand that while this program is intended to be fun for both children and volunteers, **you must take your responsibility as a volunteer seriously.** The children use their volunteer as a role model - please act accordingly.
- SAFETY TOWN is held at Howe Elementary School on the first floor. The parking lot and school entrance is on Monroe Ave near Chicago St. Look for a SAFETY TOWN sign on the first day.
- Volunteers should arrive at 8:00 a.m. and plan to stay until 12:15 p.m. After the first day of each session (Tues-Fri) the Volunteer start time will be 8:15. Please arrive on time, smiling and ready to help.
- Parents should plan on picking up their volunteer child promptly - Supervision is not available after class ends.
- Orientation - You will attend an orientation in SAFETY TOWN on **June 13th** (10 am or 1 pm) at **Howe Elementary School.** You will receive your training and Safety Town T-Shirt. Please wear this t-shirt each day you volunteer.
- In case of illness/emergency - please leave a message at 448-7136 (any time) *or* between 8 a.m. to 12:15 p.m. (emergency calls only please) call 737-8565.
- Verification of Service Project sheets should be brought to SAFETY TOWN on Fridays to be signed by Kathi or your SAFETY TOWN instructor.
- **Questions? Call Kathi at 448-7136 or e-mail @ safetytown@ccsgb.org**

Please indicate below which week(s) you are volunteering. For your reference save this page

- I want to volunteer only one week this summer.
- I want to volunteer for _____ (fill in total) weeks this summer.

Cross off any weeks you are unavailable - Mark the rest in order of preference, 1st, 2nd, 3rd, 4th

<input type="checkbox"/>	Session 1 - June 16 th - June 20 th	8:00 a.m. - no later than 12:10 p.m.
<input type="checkbox"/>	Session 2 - June 23 rd - June 27 th	8:00 a.m. - no later than 12:10 p.m.
<input type="checkbox"/>	Session 3 - July 7 th - July 11 th	8:00 a.m. - no later than 12:10 p.m.
<input type="checkbox"/>	Session 4 - July 14 th - July 18 th	8:00 a.m. - no later than 12:10 p.m.
<input type="checkbox"/>	Session 5 - July 21 st - July 25 th	8:00 a.m. - no later than 12:10 p.m.
<input type="checkbox"/>	Session 6 - July 28 th - Aug 1 st	8:00 a.m. - no later than 12:10 p.m.

Please note: The SAFETY TOWN children depend on their volunteer - you must attend all five days of the session.

Please keep this page- it contains important information

Please print - and fill in all information

Medical and Emergency Contact Information

Does your child have a history of: NONE ADD/ADHD Allergies (Food & Medical) Asthma Physical Handicaps
 Diabetes Other (Describe)

If you checked any of the above items, please describe any special care instructions or other information that may be needed by the SAFETY TOWN staff. *

Emergency Contact Information

Name/Relationship _____ Phone _____

Name/Relationship _____ Phone _____

Name/Relationship _____ Phone _____

Child's Physician, Address & Phone _____

*SAFETY TOWN teachers are not authorized to administer any medications

PARENTS - Release of Liability must be signed for registration to be accepted. Modified releases will not be accepted.

Release of Liability; Indemnity

I the parent/guardian of _____ (child's name), for myself and for my minor child, agree to hold harmless and indemnify The Center for Childhood Safety, Howe School, any agent, director, officer, organizer, supervisor, volunteer or member of such organization from any and all liability, loss, damages, costs, or expenses which are sustained, incurred, or required arising out of the actions of the undersigned in the SAFETY TOWN program.

I have read and fully understand the details of the program and the above release of liability, indemnity

Signature of Parent/Guardian

Date

Mail Registration Form to:

SAFETY TOWN Volunteers
Center for Childhood Safety
1870 Cofrin Drive
Green Bay WI 54302-2026