



## Student Volunteers

# The 2010 Greater Green Bay Safety Town Program needs you!!!

Come join the fun at SAFETY TOWN, held in the Greater Green Bay Area, 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 18<sup>th</sup>** (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](mailto: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. each day 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.
- Non-driving Volunteers - 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 18<sup>th</sup>** (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](mailto:safetytown@ccsgb.org)**

For your reference save this page and mark the same choices as on your registration form.

- I want to volunteer only one week this summer.
- I want to volunteer for more than one week. I will volunteer for \_\_\_\_\_ (fill in total) weeks this summer.

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

<input type="checkbox"/>	Session 1 - June 21 <sup>st</sup> - June 25 <sup>th</sup>	8:00 a.m. - no later than 12:10 p.m.
<input type="checkbox"/>	Session 2 - June 28 <sup>th</sup> - July 2 <sup>nd</sup>	8:00 a.m. - no later than 12:10 p.m.
<input type="checkbox"/>	Session 3 - July 12 <sup>th</sup> - July 16 <sup>th</sup>	8:00 a.m. - no later than 12:10 p.m.
<input type="checkbox"/>	Session 4 - July 19 <sup>th</sup> - July 23 <sup>rd</sup>	8:00 a.m. - no later than 12:10 p.m.
<input type="checkbox"/>	Session 5 - July 26 <sup>th</sup> - July 30 <sup>th</sup>	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

**Student Volunteer Registration Form**

**Please print neatly - and fill in all information**

**Student Information**

Name \_\_\_\_\_ Birth date \_\_\_\_\_  Male  Female

Address \_\_\_\_\_  
 street city state zip

Parent or Guardian \_\_\_\_\_ home phone \_\_\_\_\_ work phone \_\_\_\_\_ mobile phone \_\_\_\_\_

Parent or Guardian \_\_\_\_\_ home phone \_\_\_\_\_ work phone \_\_\_\_\_ mobile phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_ **Confirmation will be sent via email - please print neatly**

How did you hear about SAFETY TOWN? (please circle all that apply) Word of Mouth - School - Flyers - TV/Newspaper - Special Event - Internet - Banner - Other \_\_\_\_\_ (please specify)

\_\_\_\_\_ School Attending Fall 2010

\_\_\_\_\_ Grade (Fall 2010)

**Please indicate which session(s) you will volunteer. Please note: You must attend all five days of the session.**

Please cross off any week(s) for which you are definitely not available to volunteer. Please mark all other weeks in order of preference. (1<sup>st</sup> Choice, 2<sup>nd</sup> Choice, 3<sup>rd</sup> Choice, 4<sup>th</sup> Choice,)

I want to volunteer only one week this summer.

I want to volunteer for more than one week -- I will volunteer for \_\_\_\_\_ (fill in total) weeks this summer.

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

<input type="checkbox"/>	Session 1 - June 21 <sup>st</sup> - June 25 <sup>th</sup>	8:00 a.m. - no later than 12:10 p.m.
<input type="checkbox"/>	Session 2 - June 28 <sup>th</sup> - July 2 <sup>nd</sup>	8:00 a.m. - no later than 12:10 p.m.
<input type="checkbox"/>	Session 3 - July 12 <sup>th</sup> - July 16 <sup>th</sup>	8:00 a.m. - no later than 12:10 p.m.
<input type="checkbox"/>	Session 4 - July 19 <sup>th</sup> - July 23 <sup>rd</sup>	8:00 a.m. - no later than 12:10 p.m.
<input type="checkbox"/>	Session 5 - July 26 <sup>th</sup> - July 30 <sup>th</sup>	8:00 a.m. - no later than 12:10 p.m.

Please contact me if all my session choices are FULL. I would like the opportunity to choose a different session. Please note that sessions are filled first come, first served. Some weeks may fill more quickly than others. Send in your application as soon as possible.

**PARENTS - Please initial each line, and provide your signature at the bottom of the four statements.** Modified statements will not be accepted.

My child has permission to participate in walking field trips as a part of SAFETY TOWN. (Please note walking field trips are an integral part of SAFETY TOWN.) \_\_\_\_\_ **please initial**

My child may be photographed/videotaped during SAFETY TOWN for use in promotion of the program. \_\_\_\_\_ **please initial**

In the event of an emergency, I authorize any medical treatment that may be needed. I understand that in the event of an injury, I will be contacted first and this waiver will only be necessary if I or my emergency person(s) cannot be reached. \_\_\_\_\_ **please initial**

I understand that all information provided is confidential, will remain confidential, and is only used as a resource or guide in understanding my child. \_\_\_\_\_ **please initial**

\_\_\_\_\_ Parent/Guardian's Signature

\_\_\_\_\_ Date

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, the owners and lessors of premises on which Safety Town takes place, 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