

## KETTERING SAFETY VILLAGE 2019 APPLICATION FOR STUDENT VOLUNTEERS

Kettering Safety Village, sponsored by the DorWood Optimist Club, teaches children entering Kindergarten safety-related life skills. Student volunteers are responsible for many aspects of the program: assisting with safety lessons, supervising children during a bus ride and various safety skill activities, helping with class activities and clean up. Most of all, you must enjoy working with children and helping them grow and learn.

For Safety Village, **THE COMMITMENT IS A ONE-WEEK CLASS**. Volunteers must be entering 6<sup>th</sup> grade or higher in August 2019. Please understand that the number of available positions is limited, i.e., not every applicant may receive a position. You will receive verification of volunteer-community service hours.

## \*\*APPLICATION DEADLINE - Monday, APRIL 22, 2019\*\*

	<b>APPLICAN</b>	T INFORMATION		
Name			Date	
One de Fortagio e in 0/0040	0-1		0	
Grade Entering in 8/2019	School Attending	g in 8/2019	Current Age	
Address				
City			Zip Code	
Home Phone		Cell Phone		
Tiome There				
Email (Not a kcsstudent email address)				
Have you ever volunteered for Safety Villa	no hoforo?	If yes, how many years?		
have you ever volunteered for Safety villa	ge belole?	if yes, flow many years?		
Please list community, school & service clu	ubs/organizations	to which you belong:		
•	-			
Please list any job or work commitments, special health concerns or other considerations that we should be made aware of:				
The second control of				

PARENT/GUARDIAN INFORMATION

Home Phone

Home Phone

Cell Phone

Cell Phone

Name of Parent/Guardian

Name of Parent/Guardian

EMERGENCY CONTACTS			
(in case parents/guardians cannot be reached)			
Name	Home Phone	Cell Phone	
Name	Home Phone	Cell Phone	

\*\*Student Volunteer Training Days\*\*
May 31, 10:00 – 10:30am at JF Kennedy Elementary
June 6, 12:30 – 1:00pm at JF Kennedy Elementary

If you have not volunteered with us before, please attend one training session before your scheduled dates. For any conflicts or work issues in attending training, please note and contact Kristin Schreel at <a href="mailto:Kristin.Schreel@ketteringoh.org">Kristin.Schreel@ketteringoh.org</a> or (937) 296-2520.

#### **PLEASE NOTE:**

- You must be able to attend the full week(s) of the session(s) selected.
- Preference will be given to those who are able to work both A & B sessions of a week.
- Snacks are provided during the break to volunteers working both A & B sessions.

How many weeks would you like to be assigned?

Please **CHECK** the sessions that you are available to volunteer for Safety Village.

KETTERING SAFETY VILLAGE 2019					
✓	SESSION	TIME	DATE	LOCATION	
	831000 A	8:00-10:00	June 3-7		
	831000 B	10:30-12:30	June 3-7	All sessions will take place at:	
	831001 A	8:00-10:00	June 10-14		
	831001 B	10:30-12:30	June 10-14	JF Kennedy Elementary School	
	831002 A	8:00-10:00	June 17-21	5030 Polen Drive	
	831002 B	10:30-12:30	June 17-21	Kettering, OH 45440	
	831003 A	8:00-10:00	June 24-28		
	831003 B	10:30-12:30	June 24-28		

Return this form by **April 22, 2019** to: City of Kettering Traffic Engineering Dept. 3600 Shroyer Road Kettering, OH 45429 ph: (937) 296-2520

Or Email copy to Kristin.Schreel@ketteringoh.org

You will be contacted by the week of May 13 if you have been selected as a volunteer for Safety Village.

### WAIVER FOR PARTICIPANT AND/BY PARENT

I, for myself and my child(ren), agree to assume all risks, including, but not limited to, risk of physical injuries, death, loss of services or consortium
loss or damage to property, or any other loss or damage I or my child(ren) may sustain as a result of participating in any and all activities connected
with or associated with this program. In consideration of the City of Kettering allowing my child to participate in this program, and with the intent to
be legally bound, I hereby, for myself, for my child, all hers, executors, administrators, and assigns, do hereby forever: release, waive, and relinquish
all claims I or my child have or may have as a result of participating in this program; promise not to sue the City of Kettering and its officers, employees
and agents from any and all liabilities, claims, demands, actions or causes of action resulting from, whether directly or indirectly, my or my child's
participation in this program; and grant and give the City of Kettering the right to use my or my child's photograph or image, with or without my or my
child's name, both individually and in conjunction with other persons or objects for any and all purposes including, but not limited to, private or public
presentations, advertising, publicity and promotion. By signing below, I certify that I have read and agree to be bound by these conditions and tha
all information contained herein is true and that I am giving up legal rights.

Signature of Parent/Guardian	Date		

## **EMERGENCY MEDICAL AUTHORIZATION**

## PART I OR II MUST BE COMPLETED

PART I – TO GRANT CONSENT I hereby give consent for the following medical care providers and	d local bospital to be called:		
Thereby give consent for the following medical care providers and	u local nospital to be called.		
Doctor	Phone		
Dentist	Phone		
Solition	THOR		
Medical Specialist	Phone		
Local Hospital	Phone		
In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above named doctor, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible.  This authorization does not cover major surgery unless the medical opinions of two other licensed physicians concurring in the necessity for such surgery are obtained prior to the performance of such surgery.			
Facts concerning the child's medical history including allergies, n any physical impairments to which a physician should be alerted:			
Signature of Parent/Guardian	Date		
(DO NOT COMPLETE PART II IF YOU COMPLETED PART I)  PART II – REFUSAL TO CONSENT  I do <u>not</u> give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, <u>I</u> wish the authorities to take the following action:  Signature of Parent/Guardian  Date			
Aller			
Address			

## **VOLUNTEER INFORMATION**

You will be contacted the week of May 13 if you have been selected as a volunteer for Safety Village. Notification will take place by email, so be sure to check your inbox. There may be openings available after May 13. If you find you are available, please contact Kristin Schreel at (937) 296-2520 or Kristin.Schreel@ketteringoh.org.

# \*\*Student Volunteer Training Days\*\* May 31, 10:00 – 10:30am at JF Kennedy Elementary June 6 at 12:30 – 1:00pm at JF Kennedy Elementary

- If you have not volunteered with Safety Village before, please attend one training session before your scheduled dates.
- It is important to remember that these children will look up to you as a "big person," someone whom they will trust and count on. They watch the things you do and say; therefore, volunteers must model appropriate behavior, wear appropriate clothes and use appropriate language.
- Volunteers will be given a detailed explanation of their responsibilities on the <u>training</u> day. Each volunteer will be assigned to a group of 4 - 6 children.
- No electronic device use allowed during class times.
- If you have any questions about the application process or the program, please contact Kristin Schreel at <a href="mailto:Kristin.Schreel@ketteringoh.org">Kristin.Schreel@ketteringoh.org</a> or (937) 296-2520.







