

### KETTERING SAFETY VILLAGE 2021 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 2021. 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 26, 2021\*\*

APPLICANT INFORMATION			
Name			Date
Grade Entering in 8/2021	School Attending in 8/2021		Current Age
Address			
City			Zip Code
Home Phone		Cell Phone	
Email (Not a kcsstudent email address)			
Have you ever volunteered for Safety Villa	ge before?	If yes, how many years?	
Please list community, school & service cl	ubs/organizations	to which you belong:	
Please list any job or work commitments, s	special health con	cerns or other considerations that w	e should be made aware of:

PARENT/GUARDIAN INFORMATION			
Name of Parent/Guardian	Home Phone	Cell Phone	
Name of Parent/Guardian	Home Phone	Cell Phone	

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

#### \*\*Student Volunteer Training Days\*\* Friday, June 11, 10:00 – 10:30am at Orchard Park Elementary Thursday, June 17, 12:30 – 1:00pm at Orchard Park Elementary

If you have not volunteered with Safety Village 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 <u>Kristin.Schreel@ketteringoh.org</u> or (937) 296-2436.

#### 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 2021				
$\checkmark$	SESSION	TIME	DATE	LOCATION
	831000 A	8:00-10:00	June 14-18	All sessions will take place at:
	831000 B	10:30-12:30	June 14-18	
	831001 A	8:00-10:00	June 21-25	Orchard Park Elementary School
	831001 B	10:30-12:30	June 21-25	600 E. Dorothy Lane
	831002 A	8:00-10:00	June 28-July 2	Kettering, OH 45419
	831002 B	10:30-12:30	June 28-July 2	

Return this form by April 26, 2021 to:		
City of Kettering Traffic Engineering Dept.		
3600 Shroyer Road		
Kettering, OH 45429		
ph: (937) 296-2436		
Or Email copy to Kristin.Schreel@ketteringoh.org		
You will be contacted by the week of May 10 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 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 local hospital to be called:		
Doctor	Phone	
Dentist	Phone	
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, medi any physical impairments to which a physician should be alerted:	ications being taken, and
Signature of Parent/Guardian	Date

### (DO NOT COMPLETE PART II IF YOU COMPLETED PART I)

PART II – REFUSAL TO CONSENT		
I do <b><u>not</u></b> 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	
Address		

# **VOLUNTEER INFORMATION**

You will be contacted the week of May 10, 2021, 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 10. If you find you are available, please contact Kristin Schreel at (937) 296-2436 or Kristin.Schreel@ketteringoh.org.

# \*\*Student Volunteer Training Days 2021\*\* Friday, June 11 10:00 – 10:30am at Orchard Park Elementary Thursday, June 17 at 12:30 – 1:00pm at Orchard Park Elementary

- If you have not volunteered with Safety Village before, please attend one training session before your scheduled dates. It will take approx. 30 minutes.
- 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 training day.
  Each volunteer will be assigned to a group of 4 6 children.
- <u>No electronic device</u> use allowed during class times.
- Face masks are required for all students, volunteers, staff & instructors.
- If you have any questions about the application process or the program, please contact Kristin Schreel at <u>Kristin.Schreel@ketteringoh.org</u> or (937) 296-2436.







