



**KETTERING SAFETY VILLAGE 2024  
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 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 2024. 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, 2024\*\***

APPLICANT INFORMATION		
Name		Date
Grade Entering in 8/2024	School Attending in 8/2024	Current Age
Address		
City		Zip Code
Home Phone	Cell Phone	
Email (Not a kcsstudent email address)		
Have you ever volunteered for Safety Village before?	If yes, how many years?	
Please list community, school & service clubs/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:		

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, May 31, 10:00 – 10:30am at Orchard Park Elementary**  
**Thursday, June 6, 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 [Kristin.Schreel@ketteringoh.org](mailto:Kristin.Schreel@ketteringoh.org) 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 all sessions of a week.
- Snacks are provided during the break between 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 2024				
✓	SESSION	TIME	DATE	LOCATION
	1	8:00-10:00	June 3-7	All sessions will take place at:  <b>Orchard Park Elementary School</b> <b>600 E. Dorothy Lane</b> <b>Kettering, OH 45419</b>
	2	10:30-12:30	June 3-7	
	3	1:30-3:30	June 3-7	
	4	8:00-10:00	June 10-14	
	5	10:30-12:30	June 10-14	
	6	1:30-3:30	June 10-14	

Return this form by **April 22, 2024** to:  
 City of Kettering Engineering Dept.  
 3600 Shroyer Road  
 Kettering, OH 45429  
 phone: (937) 296-2436  
**Or Email to [Kristin.Schreel@ketteringoh.org](mailto:Kristin.Schreel@ketteringoh.org)**  
**You will be contacted by the week of May 6 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 heirs, 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 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 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, medications being taken, and 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 **not** give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the authorities to take the following action:

Signature of Parent/Guardian	Date
Address	

## VOLUNTEER INFORMATION

You will be contacted the week of May 6, 2024, 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 6. If you find you are available, please contact Kristin Schreel at (937) 296-2436 or [Kristin.Schreel@ketteringoh.org](mailto:Kristin.Schreel@ketteringoh.org).

### **\*\*Student Volunteer Training Days 2024\*\***

**Friday, May 31 10:00 – 10:30am at Orchard Park Elementary**

**Thursday, June 6 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 the 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.
- 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 [Kristin.Schreel@ketteringoh.org](mailto:Kristin.Schreel@ketteringoh.org) or (937) 296-2436.

