

SAFETY TOWN 2019
VOLUNTEER APPLICATION



Volunteer Notes:

There will be a maximum of thirty (30) volunteers selected to work each session.

YOU MAY VOLUNTEER FOR MORE THAN ONE SESSION, BUT YOU MUST WORK EVERY DAY OF EACH SESSION YOU SIGN UP FOR! IF YOU CANNOT ATTEND ALL DAYS OF ALL SESSIONS – DO NOT APPLY!

All three pages must be completed and returned for your application to be considered.

Make sure you can attend the session you signed up for—it's not fair for you to sign up for a session and not show up. Failure to show for your approved session will result in not being able to volunteer in the future.

**YOU MUST INCLUDE A POSTAGE PAID, SELF
ADDRESSED ENVELOPE WITH THIS APPLICATION.
NO ENVELOPE, INSTANT REJECTION.**

You will be notified via regular mail (hence the self addressed envelope) if you have been accepted or denied.

If you have not been notified by June 1, 2019 or have questions regarding volunteer instructions, you can contact Cathy Robbins at cathy@safetytowngreensboro.com

Volunteer training is currently scheduled for Thursday, June 13th at the Lewis Recreation Center. This session is MANDATORY. If you cannot attend this session, you should not apply to volunteer. Exact times to follow if accepted.

This application must be mailed, **WITH A SELF ADDRESSED STAMPED ENVELOPE**, to:

Safety Town Volunteer Registration
Post Office Box 38653
Greensboro, NC 27438

Please sign below indicating that you have read this page and understand that you are committing to volunteer at Safety Town for the sessions indicated on the application.

Signature of Volunteer: _____ Date: _____

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First Name: _____ Middle Initial: ____ Last Name: _____

Preferred Name/Nickname: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Email address: _____

Home Telephone: _____ Mobile Number: _____ Age: _____

School: _____

Emergency Contact Person: _____ Relation: _____

Home Telephone: _____ Work Telephone: _____ Mobile: _____

Shirt Size: _____

Please check the appropriate boxes: Male Female

Have you volunteered at Safety Town before? Yes No

If yes, when? (Years and Sessions) _____

Do you have ANY medical or physical situation the we should be made aware of?
 Yes No If yes, explain: _____

Do you take prescription medication? Yes No If yes, what? _____

Are you a diabetic? Yes No

Do you suffer from allergies? Yes No If yes, please explain: _____

Listed below are the session dates and times for this summer. Please circle the session numbers you wish to volunteer for. You may volunteer for more than one session, but you must be able to work the entire two weeks and be at Safety Town each day that you sign up for.



- | | |
|---------------------------------------|------------------------|
| Session 1: June 17 – June 28, 2019 | from 9:00am to 11:00am |
| Session 2: June 17 – June 28, 2019 | from 1:00pm to 3:00pm |
| Session 3: July 22 – August 2, 2019 | from 9:00am to 11:00am |
| Session 4: July 22– August 2, 2019 | from 1:00pm to 3:00pm |
| Session 5: August 5 – August 16, 2019 | from 9:00am to 11:00am |
| Session 6: August 5 – August 16, 2019 | from 1:00pm to 3:00pm |

How did you hear about Safety Town? _____



BE CERTAIN TO COMPLETE ALL THREE PAGES OF THIS APPLICATION

Safety Town

Waiver and Release



PLEASE PRINT INFORMATION IN BLACK INK

I/We, _____, parents/guardians of _____,

for myself/ourselves and on behalf of said minor child and his/her heirs, executors, administrators or assigns, hereby covenant and agree as follows:

To waive for all parties noted above all claims, demands, actions or causes of action, against the City of Greensboro, its officers, agents and employees, Nat Greene Kiwanis Club of Greensboro, Safety Town, Inc., or any affiliated sponsor, of whatever kind or nature which may arise in any manner by such reason of injury to person or property or both while such child is participating in the Safety Town/Bicycle Pro- gram.

To never instigate any suit or action against the City of Greensboro, its officers, agents or employees for damages, loss or injury of any kind for or on account of injury to said minor child's person or property or both which may arise in any manner while he/she is participating in this program.

Photographs, films, and recordings are sometimes made of the participants of Safety Town for class pictures, news releases, and other documentary purposes. I hereby authorize the use of my child's picture to be used in any non-commercial manner by any radio, television, newspaper, City of Greensboro, Nat Greene Kiwanis Club of Greensboro or other officers, agents and employees of the Safety Town Program.

This agreement, waiver and release holds harmless the City of Greensboro, its officers, agents and employees for any injury including but not limited to claims for wrongful death, arising in any manner to said minor child while such child is participating in this program.

I/We have read the foregoing waiver and covenant and understand that it constitutes a formal legal document.

By my/our signature(s), I/we give consent for the above listed minor child to participate in the Safety Town/Bicycle Safety Program for the year of 2019.

Signature of Parent/Guardian: _____ Date: _____

