



Safety Town 44147

BROADVIEW HEIGHTS SAFETY TOWN * 9543 Broadview Rd., B-19 * Broadview Heights, Ohio 44147 * 440-526-5401

Student Volunteer Application for Broadview Heights Safety Town

Name: _____ School/Grade: _____

Address: _____ Phone: _____

Parents/Emergency Contact: _____ Phone: _____

1. List any experience you may have involving helping or supervising young children: _____

2. Why do you want to volunteer for Safety Town? _____

3. Do you have transportation to and from Safety Town for the full two weeks? Yes or No

4. Is a sibling or is someone attending Safety Town this year that you know? Yes or No

5. List what separates you as a potential volunteer from all the others who apply to help out at Safety Town: _____

Please list 3 reference for us to contact regarding you: (i.e teachers, counselors, coaches, etc.)

1. _____ Phone: _____
2. _____ Phone: _____
3. _____ Phone: _____

Please indicate which session you can work:

June 19th - June 30th 8:45am - 11:15am _____ June 19th - June 30th 12:15pm - 2:45pm _____

I can work both sessions: _____

Transportation to and from Safety Town is the responsibility of the volunteer.

Parent permission signature: _____ Volunteer: _____