



Safety Town 44147

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

Safety Town 44147 Volunteer Application

Name : _____

Address: _____ City _____

Phone/Cell# _____ Age: _____

Grade _____ School _____

Mark the class time you would like to work. Place a 1 on your first choice.

_____ June 8-19 8:45 – 11:15 or _____ June 8-19 12:15 – 2:45

Why would you like to volunteer for Safety Town?

List any experience you have working with young children.

List 3 adult references: Name and contact number

Please return to Ofc. Garcia or Kim Cook mail to BHPD, 9543 Broadview Road
Broadview Heights, Oh. 44147

Volunteer signature _____ date _____

Parent signature _____ date _____

Please note that transportation to and from safety town is the volunteer's responsibility.

*****As these dates grow nearer, a decision will be made based on CDC recommendations as to whether to hold registration and the class.

