

2019 Westlake Safety Town VOLUNTEER INSTRUCTOR Registration

This year we will be holding a two night, **IN-PERSON, Volunteer Instructor Registration**. If you are interested in volunteering as an Instructor for Westlake Safety Town and will be entering 6-12 grade in the 2019-2020 school year, please **complete the form below and BRING it to Westlake Safety Town** on one of the following dates:

- (1) **Tuesday, May 14, 6:00pm-7:00pm** for **Returning Volunteer Instructors ONLY**
- (2) **Thursday, May 16, 6:00pm-7:00pm** for **All Volunteer Instructors**

At registration, all instructors will be scheduled into a Session/Class based on a “first-come” basis. Please indicate three session/class choices in case your first choice is not available. (Maximum of 25 instructors per class) *Note: Registrations will not be processed without a parent’s signature and/or completed Medical, Photography & Transportation Consent form.*

Following the in-person registration, volunteers will receive email verification of their assigned Session & Class Time along with a copy of the Instructor Notes, which outline guidelines and expectations for all Volunteer Instructors.

No Volunteer Instructor Registrations will be accepted prior to May 14. Any Volunteer Instructor looking to register after May 16 will need to contact Westlake Safety Town, regarding availability.

2018 Safety Town Schedule

Session One:	Session Two:	Session Three:	Session Four:	Session Five:
<i>(June 10 – June 14)</i>	<i>(June 17 – June 21)</i>	<i>(June 24 – June 28)</i>	<i>(July 8 – July 12)</i>	<i>(July 15 – July 19)</i>
8:30am – 11:00am 12:00pm – 2:30pm	8:30am – 11:00am 12:00pm – 2:30pm	8:30am – 11:00am 12:00pm – 2:30pm	8:30am – 11:00am 12:00pm – 2:30pm	8:30am – 11:00am 12:00pm – 2:30pm

Questions/Updates/Changes:

Check our website: www.cityofwestlake.org/Safety-Town or Call: 440-892-3156

Olivia Kostecke
Director, Westlake Safety Town

Westlake Safety Town
Westlake Police Department
27300 Hilliard Blvd
Westlake, OH 44145
440-892-3156
SafetyTown@westlakepolice.us

Volunteers are required to wear appropriate clothing while volunteering.
(No inappropriate pictures or wording on clothes and NO FLIP FLOPS for safety purposes.)

(FILL IN THE AREA BELOW, TEAR OFF, AND KEEP FOR YOUR RECORDS)

2019 Westlake Safety Town

Name: _____ Phone Number: _____

Email: _____

School Attending: _____ Grade Entering in Fall: _____

Years Volunteered at Westlake Safety Town: 1st 2nd 3rd 4th 5th 6th 7th 8th T-Shirt Size: AS / AM / AL / AXL

First Choice: Session # _____ Dates _____ Class Time _____

Second Choice: Session # _____ Dates _____ Class Time _____

Third Choice: Session # _____ Dates _____ Class Time _____

Parent’s Signature (must have before application can be processed) _____

Westlake Safety Town

Medical, Photography & Transportation Consent Form

Participant's Information:

Name of Child: _____ Date of Birth: _____

Name of Child: _____ Date of Birth: _____

Name of Child: _____ Date of Birth: _____

Name of Child: _____ Date of Birth: _____

Parent /Legal Guardian Information:

Parent Name: _____ Phone Number: _____

Address: _____

Parent Name: _____ Phone Number: _____

Address: _____

Emergency Contacts:

Name _____ Phone Number: _____ Relationship: _____

Name _____ Phone Number: _____ Relationship: _____

Name _____ Phone Number: _____ Relationship: _____

Name _____ Phone Number: _____ Relationship: _____

Authorized Person(s) for Pick-up/Drop-off:

Name _____ Phone Number: _____ Relationship: _____

Name _____ Phone Number: _____ Relationship: _____

Name _____ Phone Number: _____ Relationship: _____

Name _____ Phone Number: _____ Relationship: _____

Medical Information:

Child's Physician: _____ Phone Number: _____

Child's Dentist: _____ Phone Number: _____

Medical Information Continued:

- Allergies (environmental, food, medication, etc.): ___ Yes / ___ No

If yes, please explain and list any medication used: _____

- Asthma: ___ Yes / ___ No

If yes, please explain and list any medication used: _____

- Diabetes: ___ Yes / ___ No

If yes, please explain and list any medication used: _____

- Epilepsy: ___ Yes / ___ No

If yes, please explain and list any medication used: _____

- Any other medications taken regularly: ___ Yes / ___ No

If yes, please explain and list medication used: _____

- Other important information to be known by staff: _____

Permission to administer child’s medication during program (if necessary): ___ Yes / ___ No

Consent:

- ✓ As a parent/legal guardian, I do herewith authorize the City of Westlake to provide transportation to the nearest hospital for my minor child in the event of a medical emergency while they are participating in Westlake Safety Town.
- ✓ I grant permission for the City of Westlake to take and use photographs for the purpose of Westlake Safety Town.
- ✓ I give the City of Westlake permission to transport my minor child as part of his/her participation in Westlake Safety Town program, by whatever means of transportation the City of Westlake deems appropriate.

Parent/Legal Guardian Signature _____ Date _____