

2022 Safety Town Counselor-In-Training Application

Ellwood and Foothill Schools

Apply early to best ensure your preferred volunteer spot! **DEADLINE: June 5, 2022 OR until all sites are full.**

Please MAIL completed application to: SAFETY TOWN Volunteers, 30 Winchester Canyon Rd. # 135, Goleta, CA 93117

Volunteer *9th grade or above

Make a difference in the lives of young children. Volunteer to assist and teach safety education to pre/post kindergarteners, and earn community service hours. You will be responsible for working with 1-2 children, ages 4-6, assisting as needed and modeling appropriate safe behavior. **You must be mature and responsible.**

- Youth volunteers <u>MUST SHOW PROOF of FULLY VACCINATED STATUS for COVID-19</u>, entering <u>9th grade or above</u>, and <u>attend an orientation</u>. *<u>PRINTED vaccination proof required with completed application</u>.
- Participants may volunteer for a <u>MAXIMUM of 2</u> sessions, and <u>MUST WORK ALL FIVE DAYS</u> of each session.
- CIT positions are filled as determined by CIT Director.

PLEASE PRINT CLEARLY Volunteer Information						
				Male Femal	e	
Last Name	First Name		Age			
Street Address			City	Zip Code		
Home Phone	Cell Phone	School Attending in the Fall Gr		Grade (Fall)	ade (Fall)	
Previous Safety Town CIT Experience	# summers ; Spanish Speaking?	Yes_	No ; NCL Ticktocker?	'YesNo	0	
Session and Site Information						
Volunteer hours for most session p.m. Please indicate site preferent preferred to volunteer, (up to 2). You must choose a Saturday orient * Please note, Safety Town reservantified if this occurs. *All sessions are full of CITs at this mail in comparison.	nce/dates, (1 st choice, 2 nd , 3 rd entation date/site. ORIENTA ves the right to cancel sessi	', etc.), an <u>FION IS N</u> ons due t I on a wait	Id the total number of the	of weeks ers. You will be		
FULL Ellwood School - Session 1 FULL Ellwood School - Session 2			Ellwood - June 4, Ellwood – July 9,	9:00-11:00 9:00-11:00		
FULL Foothill School - Session 3	S1: June 13-17, (for incoming 2: June 20-24 S2: June 20-24, (for incoming	second g	Foothill - June 11, grade campers from 2 grade campers from 2	(020)		
*** I would like to volunteer f	for a TOTAL ofwe	ek(s) this	s summer. (2 week	maximum)		

Medical and Emergency Informa	ation						
Parent/Guardian Name	Home Phone	/	Cell	/	Work		
Emergency Contact- Name/ Relationship			Phone				
Allergies ?			Dhysical Cos	ial as Emation	al Limitations?		
Allergies !	/		Filysical, Soc	iai, oi Emolioi	al Limitations?		
SAFETY TOWN Waiver and Relea	ase of Liability						
SALLIT TOWN Waiver and Reich	asc of Elability						
I, the parent/guardian of			(print child	's full name	a) for myself and for		
	I, the parent/guardian of, (print child's full name), for myself and for my minor child, do hereby fully release and hold harmless Safety Town of Santa Barbara County, Goleta						
Union School District, any direct							
liability, loss, damages, or injurie							
that there will be one off-site field							
that there will be one on-site heit	a trip, (flue off city bus f	esei ve	a loi Salety To	wii piogia	iii Oriiy).		
I have read and fully understand	thic Safaty Town Waiy	or and	Poloaco				
Thave read and fully understand	tills Salety Town Walve	ei aiiu	ixelease.				
Parent/Guardian Signature				Date			
. a.o o da. a.a o.g. tata. o				2410			
Parent Authorization							
Photographs/Videos may be taken b	οy outside agencies, (ne	wspap	er, television,	etc.), durin	g Safety Town		
activities for publicity purposes. The							
Do you give consent for your child to			YES		NO		
I hereby give permission for my c	hild to participate in the	he Safe	ety Town Prog	gram as a	volunteer. My child		
is fully vaccinated for COVID-19. I	t is my responsibility	to mak	e sure my ch	ild arrives	on time daily and		
stays until the volunteers are disr							
personal cell phone during progra	am hours, and my chil	d may	call me on th	e program	phone if		
necessary. I further understand m	y child may be dismis	ssed fr	om participati	ing as a vo	olunteer in the		
program for non-abidance to the							
•							
Parent/Guardian Signature				Date			
* Preferred method of contact for application/assig	anment confirmation:						
Parent's Email Address, (for confirmation pur							
Phone							
Mail							
Volunteer Agreement							
By signing this application, I	commit to attend th	e man	datory orien	tation, be	nromnt, reliable.		
and abide by all rules and va			_	-			
orientation packet. I will cor	-						
<u>-</u>		-					
packet. I understand that th	_		_		_		
dismiss me as a volunteer, due to any unsafe/inappropriate behavior, or noncompliance to program rules on my part, (i.e. unauthorized cell phone use, etc.).							
program rules on my part, (i	e. unautnorized cell	pnone	use, etc.).				
CIT Voluntoer Signature				Data			
CIT Volunteer Signature				Date			