

Parent/Guardian Name _____ Home Phone / Cell / Work

Emergency Contact- Name/ Relationship _____ Phone

Allergies ? _____ / Physical, Social, or Emotional Limitations?

SAFETY TOWN Waiver and Release of Liability

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, Hope School District, any director, supervisor, volunteer, or member of such organization from any and all liability, loss, damages, or injuries arising out of participation in the SAFETY TOWN program. I understand that there may be one off-site field trip, (ride on city bus reserved for Safety Town program only).

I have read and fully understand this Safety Town Waiver and Release.

Parent/Guardian Signature Date

Parent Authorization

Photographs/Videos may be taken by outside agencies, (newspaper, television, etc.), during Safety Town activities for publicity purposes. These pictures are not to be used to commercially exploit the student. Do you give consent for your child to be photographed? _____ YES _____ NO

I hereby give permission for my child to participate in the Safety Town Program as a volunteer. It is my responsibility to make sure my child arrives on time daily and stays until the volunteers are dismissed. I understand I am NOT allowed to text/call my child on their personal cell phone during program hours, and my child may call me on the program phone if necessary. I further understand my child may be dismissed from participating as a volunteer in the program for non-compliance to the Safety Town rules, as outlined in the CIT orientation and packet.

Parent/Guardian Signature Date

* Preferred method of contact for application/assignment confirmation:
____ Parent's Email Address, (for confirmation purposes only) _____
____ Phone _____ (Please print email address clearly)
____ Mail

Volunteer Agreement

By signing this application, I commit to attend the mandatory orientation, be prompt, reliable, and abide by all rules and values of Safety Town of Santa Barbara County, as outlined in the orientation packet. I will comply to all health protocols as outlined in the CIT Orientation packet. I understand that the Safety Town Directors and organization reserve the right to 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.).

CIT Volunteer Signature Date

Confirmation will be received by email or mail prior to June 12, 2026
For more information regarding CIT volunteers: Email anne@sbsafetytown.org
or visit our website at www.sbsafetytown.org