



**KETTERING SAFETY VILLAGE 2018  
APPLICATION FOR STUDENT VOLUNTEERS**

Kettering Safety Village, sponsored by the DorWood Optimist Club, teaches children entering kindergarten safety-related life skills. Student volunteers are responsible for many aspects of the program: assisting with safety lessons, supervising children during a bus ride and various safety skill activities, helping with class activities and clean up. Most of all, you must enjoy working with children and helping them grow and learn.

For Safety Village, **THE COMMITMENT IS A ONE-WEEK CLASS**. Volunteers must be entering 7<sup>th</sup> grade or higher in August 2018. Please understand that the number of available positions is limited, i.e., not every applicant may receive a position. You will receive verification of volunteer-community service hours.

**\*\*APPLICATION DEADLINE - Monday, MAY 7, 2018\*\***

APPLICANT INFORMATION		
Name	Date	
Grade Entering in 8/2018	School Attending in 8/2018	Current Age
Address		
City		Zip Code
Home Phone	Cell Phone	
Email (Not a kcsstudent email address)		
Have you ever volunteered for Safety Village before?	If yes, how many years?	
Please list community, school & service clubs/organizations to which you belong:		
Please list any job or work commitments, special health concerns or other considerations that we should be made aware of:		

PARENT/GUARDIAN INFORMATION		
Name of Parent/Guardian	Home Phone	Cell Phone
Name of Parent/Guardian	Home Phone	Cell Phone

EMERGENCY CONTACTS (in case parents/guardians cannot be reached)		
Name	Home Phone	Cell Phone
Name	Home Phone	Cell Phone

**\*\*Student Volunteer Training Days\*\***  
**June 15, 10:00 – 10:30am at JE Prass Elementary**  
**June 21, 12:30 – 1:00pm at JE Prass Elementary**

*If you have not volunteered with us before, please attend one training session before your scheduled dates. For any conflicts or work issues in attending training, please note and contact Marc Rasor, Senior Safety Supervisor (937) 296-2520*

**PLEASE NOTE:**

- You must be able to attend the full week(s) of the session(s) selected.
- Preference will be given to those who are able to work both A & B sessions of a week.
- Snacks are provided during the break to volunteers working both A & B sessions.

How many weeks would you like to be assigned? \_\_\_\_\_

Please **CHECK** the sessions that you are available to work for Safety Village.

KETTERING SAFETY VILLAGE 2018				
✓	SESSION	TIME	DATE	LOCATION
	831000 A	8:00-10:00	June 18-22	All sessions will take place at:  <b>JE Prass Elementary</b> <b>2601 Parklawn Drive</b> <b>Kettering, OH 45440</b>
	831000 B	10:30-12:30	June 18-22	
	831001 A	8:00-10:00	June 25-29	
	831001 B	10:30-12:30	June 25-29	
	831002 A	8:00-10:00	July 9-13	
	831002 B	10:30-12:30	July 9-13	
	Oakwood	8:00-10:00	July 16-20	
	831003 B	10:30-12:30	July 16-20	

Return this form by **May 7, 2018** to:  
 City of Kettering Traffic Engineering Dept..  
 3600 Shroyer Road  
 Kettering, OH 45429  
 ph: 937-296-2520  
 Or Email copy to [marc.rasor@ketteringoh.org](mailto:marc.rasor@ketteringoh.org)  
**You will be contacted the week of May 28 if you have been selected as a volunteer for Safety Village.**

# EMERGENCY MEDICAL AUTHORIZATION

## PART I OR II MUST BE COMPLETED

PART I – TO GRANT CONSENT	
I hereby give consent for the following medical care providers and local hospital to be called:	
Doctor	Phone
Dentist	Phone
Medical Specialist	Phone
Local Hospital	Phone

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above named doctor, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians concurring in the necessity for such surgery are obtained prior to the performance of such surgery.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted:	
Signature of Parent/Guardian	Date

**(DO NOT COMPLETE PART II IF YOU COMPLETED PART I)**

PART II – REFUSAL TO CONSENT	
I do <b>not</b> give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the authorities to take the following action:	
Signature of Parent/Guardian	Date
Address	

## KEEP THIS PAGE FOR YOUR RECORDS

You will be contacted the week of May 28 if you have been selected as a volunteer for Safety Village. There may be openings available after May 28. If you find you are available, please contact Marc Rasor at 937-296-2520 or [marc.rasor@ketteringoh.org](mailto:marc.rasor@ketteringoh.org).

### **INFORMATION FOR SAFETY VILLAGE VOLUNTEERS!**

#### ***\*\*Student Volunteer Training Days\*\****

***June 15, 10:00 – 10:30am at JE Prass Elementary***

***June 21 at 12:30 – 1:00pm at JE Prass Elementary***

- If you have not volunteered with us before, please attend one training session before your scheduled dates.
- It is important to remember that these children will look up to you as a “big person,” someone whom they will trust and count on. They watch the things you do and say; therefore, volunteers must model appropriate behavior, wear appropriate clothes and use appropriate language.
- Volunteers will be given a detailed explanation of their responsibilities on the training day. Each volunteer will be assigned to a group of 4 - 6 children.
- No electronic device use allowed during class times.
- If you have any questions about the application process or the program, please contact Marc Rasor at [marc.rasor@ketteringoh.org](mailto:marc.rasor@ketteringoh.org) or (937) 296-2520.

