



# Safety Town 44147

BROADVIEW HEIGHTS SAFETY TOWN \* 9543 Broadview Rd., B-19 \* Broadview Heights, Ohio 44147 \* 440-526-5400

## 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 10-21 8:45 – 11:15 or \_\_\_\_\_ June 10-21 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.