



2018 EUGENE SAFETY TOWN PROGRAM TEEN VOLUNTEER APPLICATION



Please note which session(s) you are available to work.

Session I 8:30am – 12 noon _____ **Session II** 12 noon – 3:30pm _____

TEEN VOLUNTEER INSTRUCTOR INFORMATION (Please print clearly)

Name: _____ Gender: _____
(Last) (First) (Middle)

Nick Name: _____ Age: _____ Birth Date: ___/___/___ T-Shirt Size: S M L XL

Home Phone: _____ Social Security #: _____
(Required for background check)

Home Address: _____ City: _____ Zip: _____

EMAIL: _____ Cell Phone: _____

Most communication will be done via email, so please provide an email that will be checked regularly.

School Attending in Fall 2018: _____

Grade in Fall 2018: _____ School Reference: _____
(Teacher or Administrator)

Prior Volunteer Experience: _____

Employer or Prior Work Experience: _____

PARENT(s) / GUARDIAN(s) INFORMATION

Name: _____ Home Phone: _____
(Last) (First)

Relationship: _____ Cell Phone: _____

Home Address: _____ City: _____ Zip: _____

Employer: _____ Work Phone: _____ Work Cell: _____

Email: _____

Name: _____ Home Phone: _____
(Last) (First)

Relationship: _____ Cell Phone: _____

Home Address: _____ City: _____ Zip: _____

Employer: _____ Work Phone: _____ Work Cell: _____

Email: _____

Other Emergency Contact Name: _____
(Last) (First)

Relationship: _____ Home Phone: _____ Cell Phone: _____

Home Address: _____ City: _____ Zip: _____

Employer: _____ Work Phone: _____ Work Cell: _____

Staff Only: App rcvd: _____ Entry: _____ Bckgnd Date: _____ Cleared: _____ Not Cleared: _____ Conf: _____ Int Sch: _____ Int: _____ letter: _____



MEDICAL INFORMATION (Please print clearly)

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

● Please list any medical conditions (e.g. allergies, illnesses, special dietary needs, etc.):

● Do you take any medication? Yes No If Yes, please list medications:

● Please list any physical or social needs for which consideration and/or accommodations may be given:

**PERMISSION AND LIABILITY AGREEMENT FOR PROGRAM PARTICIPATION
(Parent or guardian must also sign if the Teen is under 18 years of age.)**

Each teen applicant and parent/guardian understands and agrees that:

- The teen volunteer has permission to participate in the program and understands that comfortable and appropriate clothing and tennis shoes must be worn (no open toe shoes or sandals).
- A criminal history background investigation will be conducted on the teen volunteer out of concern and safety for the children participating in the Eugene Safety Town program.
- The teen volunteer must attend the mandatory training, Saturday, July 14th, 9:00am to Noon.
- Video or photographic material of the teen volunteers and participants in 2018 Eugene Safety Town activities may be used by the City of Eugene for publicity purposes, without compensation or permission. Unless a written photography exclusion is submitted by you, consent is hereby given to be photographed or video recorded during the 2018 Eugene Safety Town program. For more information about video or photographic material usage please call 541-682-5642.
- **The City of Eugene does not provide medical insurance coverage for the Safety Town program teen volunteers.** There are inherent risks associated with all recreational program activities. In consideration of the right to participate in this sponsored activity, each teen volunteer and parent/guardian must agree to release and hold harmless the City of Eugene, its officers, agents and employees from any injury or damage resulting from such participation. A separate Release from Liability Statement may be required under certain circumstances. By signing below, it shall be deemed as an admission of agreement to the terms stated above. For more information about this application, please contact Harlow Meno at 541-682-5642.

Teen Volunteer: _____ Date: ____/____/____
(Signature of teen applicant required)

Signature Parent/Guardian: _____ Date: ____/____/____
(Required if teen is less than 18 years of age.)