



# SAFETY TOWN

Safety First! for Santa Clarita's Kids

## Youth Volunteer Application 2020

Wiley Canyon Elementary School  
24240 La Glorita Circle, Newhall

**SAFETY TOWN – Santa Clarita  
Counselor-In-Training (CIT) Application**  
Sponsored by **Santa Clarita Optimist Foundation**  
Apply early to ensure your preferred volunteer spot!  
**DEADLINE: July 1, 2020 or until all positions are filled.**

**Mail completed application to:**  
Susan Russell, Exec. Director, Safety Town  
**Santa Clarita Optimist Foundation - Volunteers**  
23890 Copper Hill Dr. Suite #249  
Valencia, CA 91354

Make a difference in the lives of young children. Volunteer to assist and teach safety education to pre-K, TK and kindergarteners, and earn community service hours. You will be responsible for working with 2-3 children, ages 4½ - 6 years of age, assisting as needed and modeling appropriate safe behavior. To participate as a youth volunteer:

- ✓ You must be mature, responsible and enthusiastic, and willing to abide by Safety Town rules and ethics.
- ✓ Youth volunteers must be at least 13 – 17 years of age and entering the 8<sup>th</sup> - 12<sup>th</sup> grade.
- ✓ All volunteers shall attend a mandatory orientation session.
- ✓ Participants-volunteers must work all 5 days of the session.
- ✓ Please read the **Youth Vounteer (CIT) Info Sheet & FAQs**, at [www.SafetyTownSCV.com](http://www.SafetyTownSCV.com) **before** submitting this application.
- ✓ CIT positions are filled as determined by the Safety Town Director/CIT Coordinator.

### PLEASE READ ALL INFORMATION AND PRINT CLEARLY

#### Volunteer Information

Check (✓) one:  
 Boy  Girl  Other

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Youth volunteer's last name                      First name                      Birth date (Month/day/year)

\_\_\_\_\_( )\_\_\_\_\_( )\_\_\_\_\_  
Street Address                      Apt#                      City                      Zip                      Home phone                      Youth volunteer's cell phone

\_\_\_\_\_  
email address                      School attending in Fall 2020                      Grade                      Are you Spanish speaking?  
(circle one) **YES NO**

**Check (✓) all that apply. Have you participated in:** Safety Town as a CIT? Yes \_\_\_ No \_\_\_.  
If Yes, in what year(s) were you a CIT? **2015** \_\_\_ **2016** \_\_\_ **2017** \_\_\_ **2018** \_\_\_ **2019** \_\_\_. Were you a **Lead CIT**? Yes \_\_\_ No \_\_\_.  
**Have you participated in:** Scouts? Yes \_\_\_ No \_\_\_ Years: \_\_\_\_\_ **Other** community or school service? Yes \_\_\_ No \_\_\_.  
If Yes, name service(s): \_\_\_\_\_

#### Parent Information

*\*circle preferred phone number to be contacted*

\_\_\_\_\_( )\_\_\_\_\_( )\_\_\_\_\_( )\_\_\_\_\_  
Parent/Guardian: Last name                      First name                      Home Phone\*                      Cell Phone \*                      Work Phone\*

\_\_\_\_\_  
Street Address                      Apt#                      City                      Zip code                      email address

#### School Counselor/Advisor or Youth Leader Information (to be completed by youth volunteer)

Provide contact information about your counselor/advisor or adult leader (someone other than your parent/guardian) who will attest to your abilities and level of maturity to be a CIT, and who will be notified once you have completed of your community service hours. Please complete all information requested; do not leave any spaces blank.

\_\_\_\_\_  
First Name                      Last Name                      School/Scout Troop/Group                      Position (Counselor, Leader)

\_\_\_\_\_( )\_\_\_\_\_  
Street Address                      City                      Zip code                      Phone                      email

#### Safety Town Session and Site Information\*

**Date/Time: July 13 – 17, 2020 from 9:00 AM to 12:30 PM**

**Site: Wiley Canyon Elementary School).**

(Volunteer hours are Monday @ 8:00 AM – 1: 15 PM, Tuesday – Thursday @ 8:30 – 1:15, and Friday 8:30 AM, up to 1:45 PM.)

**Volunteer Orientation is MANDATORY FOR ALL CITs and Staff.** It will be held at Wiley Canyon Elementary School on **Friday, July 10, 10:00 AM -12 noon.**

\*The Santa Clarita Optimist Foundation reserves the right to cancel session due to enrollment numbers. You will be notified if this occurs.

**Medical and Emergency Information (to be completed by parent/guardian)**

Parent/Guardian Name (First, Last) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Phone: Home Work Cell

Emergency Contact- Name (First, Last) \_\_\_\_\_ Relationship to you \_\_\_\_\_ ( ) \_\_\_\_\_  
Phone

Does your child have Allergies? If yes, specify: \_\_\_\_\_

Does your child have Physical, Social or Emotional Limitations? If yes, specify: \_\_\_\_\_

**SAFETY TOWN STAFF AND VOLUNTEERS ARE NOT AUTHORIZED TO ADMINISTER ANY MEDICATIONS. This also refers to inhalers and EpiPen's. Please inform the Director of any medical issue and request a Safety Town medical waiver form. Your child's doctor must complete and sign the form and submit it at least one week PRIOR to the first day of the session.**

**Parent Authorization (to be completed by parent/guardian)**

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? Circle one: **YES NO**

I hereby give permission for my child to participate in the Santa Clarita Optimist Foundation's 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.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

\* Upon receipt of your son or daughter's completed application, you will be notified via email that the application was received. In early July (once all applications are in), you will be notified of your child's assignment confirmation as a CIT via email. Included with this email will be directions to the school and parking.

**SAFETY TOWN Waiver and Release of Liability (to be completed by parent/guardian)**

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 – Santa Clarita, Santa Clarita Optimist Foundation, Optimist International, Saugus Union 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 have read and fully understand this Safety Town Waiver and Release.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**SAFETY TOWN Youth Volunteer Agreement (to be completed by youth volunteer)**

By signing this application, I commit to attend the mandatory orientation, be prompt, reliable, and abide by all rules and values of the Santa Clarita Optimist Foundation. I understand that the Safety Town Director and the Santa Clarita Optimist Foundation 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 \_\_\_\_\_

Please keep a copy of the completed application for your records.

For more information regarding CIT volunteers, contact Stephanie Molt, CIT Coordinator at

[Stephanie@santaclaritaoptimistfoundation.org](mailto:Stephanie@santaclaritaoptimistfoundation.org)

or

Susan Russell, Director – Safety Town at (661) 306-4414, [Susan@santaclaritaoptimistfoundation.org](mailto:Susan@santaclaritaoptimistfoundation.org)

or visit our website at [www.safetytownscv.com](http://www.safetytownscv.com)

*Santa Clarita Optimist Foundation or the Optimist International is neither sponsored nor endorsed by Newhall School District or the School or by William S. Hart High School District or the School.*

The sponsor of Safety Town is the Santa Clarita Optimist Foundation, a charitable organization, Federal Tax ID #46-4800950.