

TEENAGE INSTRUCTOR VOLUNTEER

Name: _____ T-Shirt Size _____

E-Mail Address: _____

Mailing Address: _____

Present _____ *Present* _____
School attending: _____ Age and Grade _____

Home telephone #: _____ Cell #: _____

Parent's names: _____

Emergency contact phone numbers: _____



Availability:

- _____ I am available June 7 - 11
- _____ I am available June 14 - 18
- _____ I am available June 21 - 25

_____ Date _____

Student signature

I release and waive and further agree to indemnify and hold harmless the Cherokee County Council of PTAs and Safety Town, its members, agents, and representatives thereof, from any claim for injuries, damages, or losses arising out of, during, or in connection with the above named student's participation in this activity, or the rendering of emergency medical procedures or treatment, if any. In the event of an emergency, I authorize any medical treatment that may be needed. I understand that in the event of an injury, I will be contact first and this waiver will only be necessary if my emergency person cannot be reached. I also understand that my child may be photographed/videotaped during SAFETY TOWN for use in promotion of this program. I understand that all information provided is confidential and will remain confidential.

_____ Date _____

Parent/Guardian Signature

Please return this form as soon as possible to: **Debi Radcliff, 1123 Towne Lake Hills East, Woodstock, GA 30189. You will get a confirmation within 2 weeks.**

**CHEROKEE COUNTY SAFETY TOWN VOLUNTEER
Information Sheet**

Name _____

Are you a returning (we call them veteran) volunteer?: YES NO

Have you babysat before?: YES NO

Hobbies: _____

Strengths: _____

Stretches: _____

Things that make me happy: _____

Things that rock my boat: _____

What I hope to gain from Volunteering at Safety Town: _____

