



# City of Greensboro POLICE

February 12, 2009

Dear Volunteer:

Thank you for your interest in becoming a Volunteer Instructor for Safety Town 2009. Safety Town is located at Lewis Recreation Center. We will have 6 sessions for a total summer enrollment of 600 students. The students will consist of 5 and 6 year olds from our community.

Each session is limited to 30 volunteer instructors. You may select as many sessions as you wish, but we request that you only sign up for those sessions that you can work the entire 2 week session.

I have enclosed an application and information about this summer's program. If you plan to volunteer this year, please complete the application/waiver form and return it to me as soon as possible. **Please mail your application (including a self addressed stamped envelope) to:**

**Corporal R.S. McDonald /Safety Town  
Greensboro Police Department/Southern Operations  
2602 S. Elm-Eugene Street  
Greensboro, N.C. 27406**

There will be an "Orientation /Training Session" scheduled for **Friday, June 12<sup>th</sup> from 10am until noon.** \*\*If June 12<sup>th</sup> becomes a school day because of inclement weather, training will be conducted on Saturday, June 13<sup>th</sup>\*\*. This training will be held at Safety Town located at Lewis Recreation Center off Pisgah Church Rd. Lunch will be provided during the training session. It is very important you attend this training. If you cannot attend, please contact me by e-mail at [safetytown@greensboro-nc.gov](mailto:safetytown@greensboro-nc.gov) or 373-2070. (email preferred)

You will be contacted by mail to confirm application and assignments. **If you have not been contacted by June 2<sup>nd</sup>, please contact me at 373-2070 or safetytown@greensboro-nc.gov. (email preferred)**

Sincerely,

Corporal R.S. McDonald  
Special Operations Division  
School Safety Officer

Greensboro Police Department  
300 W. Washington Street • Greensboro, NC 27402  
T. R. Bellamy, Chief of Police

# Safety Town

## 2009 Volunteer Instructor Application



**PLEASE PRINT INFORMATION IN BLACK INK – ANSWER ALL QUESTIONS**

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_ Last Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Email address: \_\_\_\_\_  
 Home Telephone: \_\_\_\_\_ Pager/Mobile Number: \_\_\_\_\_ Age: \_\_\_\_\_  
 How do you wish to be notified of your confirmation? Above email  OR Phone: \_\_\_\_\_  
 School: \_\_\_\_\_  
 Emergency Contact Person: \_\_\_\_\_ Relation: \_\_\_\_\_  
 Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_ Pager/Mobile: \_\_\_\_\_

Please check the appropriate boxes:  Male  Female

Have you volunteered at Safety Town before?  Yes  No If yes, when? \_\_\_\_\_

Do you have ANY medical or physical situation the we should be made aware of?  
 Yes  No If yes, explain: \_\_\_\_\_

Do you take prescription medication?  Yes  No If yes, what? \_\_\_\_\_

Are you a diabetic?  Yes  No

Do you suffer from allergies?  Yes  No If yes, please explain: \_\_\_\_\_

Listed below are the session dates and times for this summer. Please check **all** the boxes beside the session numbers you wish to volunteer for. You may volunteer for more than one session, but you must be able to work the entire two weeks and be at Safety Town each day that you sign up for.



<input type="checkbox"/> Session 1	June 16 - June 26	9:00am - 11:00am
<input type="checkbox"/> Session 2	June 16 - June 26	1:00pm - 3:00pm
<input type="checkbox"/> Session 3	July 13 - July 24	9:00am - 11:00am
<input type="checkbox"/> Session 4	July 13 - July 24	1:00pm - 3:00pm
<input type="checkbox"/> Session 5	August 3 - August 14	9:00am - 11:00am
<input type="checkbox"/> Session 6	August 3 - August 14	1:00pm - 3:00pm

How did you hear about Safety Town? \_\_\_\_\_

There will be a maximum of 30 volunteers selected to work each session. **You may volunteer for more than one session, but you must work every day of each session you sign up for.** You will be notified by mail if your application has been accepted and what day Volunteer Training will take place. If you have not been notified by June 2, 2009, or have questions concerning volunteer instructors, please contact Corporal R.S. McDonald at 373-2070 or [safetytown@greensboro-nc.gov](mailto:safetytown@greensboro-nc.gov). **ALL APPLICATIONS (INCLUDING A SELF-ADDRESSED, STAMPED ENVELOPE) MUST BE MAILED OR HAND-DELIVERED TO: Corporal R.S. McDonald/Safety Town, Greensboro Police Department, 2602 South Elm-Eugene Street, Greensboro, NC 27406.**

**BE CERTAIN TO COMPLETE THE BACK PORTION OF THIS APPLICATION**

# Safety Town

## Waiver and Release



PLEASE PRINT INFORMATION IN BLACK INK

I/We, \_\_\_\_\_, parents/guardians of \_\_\_\_\_, for myself/ourselves and on behalf of said minor child and his/her heirs, executors, administrators or assigns, hereby covenant and agree as follows:

To waive for all parties noted above all claims, demands, actions or causes of action, against the City of Greensboro, its officers, agents and employees, of whatever kind or nature which may arise in any manner by such reason of injury to person or property or both while such child is participating in the Safety Town/Bicycle Program.

To never instigate any suit or action against the City of Greensboro, its officers, agents or employees for damages, loss or injury of any kind for or on account of injury to said minor child's person or property or both which may arise in any manner while he/she is participating in this program.

Photographs, films, and recordings are sometimes made of the participants of Safety Town for class pictures, news releases, and other documentary purposes. I hereby authorize the use of my child's picture to be used in any non-commercial manner by any radio, television, newspaper, City of Greensboro, Greensboro Jaycees, or other officers, agents and employees of the Safety Town Program.

This agreement, waiver and release holds harmless the City of Greensboro, its officers, agents and employees for any injury including but not limited to claims for wrongful death, arising in any manner to said minor child while such child is participating in this program.

I/We have read the foregoing waiver and covenant and understand that it constitutes a formal legal document.

By my/our signature(s), I/we give consent for the above listed minor child to participate in the Safety Town/Bicycle Safety Program for the year of 2009.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_