



**2024 Youth Classroom Assistant Volunteer Information**  
**For students who will complete 7th-12th grade in Spring 2024**

**Marysville Safety Town will be held at Navin Elementary, 16265 Co Hwy 132, Marysville, OH 43040 :**

Monday June 10 - Thursday June 13, 2024

Morning session: 9am—12pm

Afternoon session: 1pm—4pm

**You may choose to volunteer for one or both sessions. In order to volunteer you must be available EVERY day of Safety Town.**

Safety Town is a fun four-day safety awareness program that is designed for children entering kindergarten. Through the use of music, crafts, videos, books, community speakers and a child-sized town, the children are taught basic safety lessons that they will use for the rest of their lives. Every day the children face new challenges as they learn the proper way to cross the street, buckle their seat belt, wear a helmet while riding a bicycle, and understand basic traffic rules.

**Volunteer Description**

As a Classroom Assistant for Safety Town, you will assist the classroom leader in supervising a group of pre-school aged children and reinforcing the safety lessons they learn throughout the week. As a Classroom Assistant you will work with the same group of children each day. At the start of the day, you will meet with your group in your assigned classroom. Next, you will follow a schedule for the day which may involve presentations from police officers or firefighters; assisting with a safety-related craft; touring the fire department and practicing pedestrian safety in a child-sized town.

**Summary of Duties**

- Act as a positive role model for children participating in the program and reinforce safety lessons taught throughout the week
- Assist with supervision of children
- Help prepare and assist with arts and crafts, songs, games, and other activities
- Assist with the set-up and cleanup of the classroom and facilities used during the program

**Qualifications**

- Be mature, responsible, and demonstrate good leadership skills
- Work well with peers and adults
- Some experience working with small children is helpful but not required
- Be a positive role model for children

**Benefits**

This position provides an opportunity to gain experience in working with pre-school aged children. This position also provides the opportunity to complete community services hours and can be a great leadership position to feature on college applications or a resume.

**Mail or deliver completed applications to the Union County Health Department at:**

**940 London Ave, #1100, Marysville, OH, 43040 or email a copy to**  
**safetytown@uchd.net** **Deadline for applications is May 1, 2024**

**A mandatory orientation will be tentatively held May 28 from 5-6pm**



**Safety Town 2024  
Youth Classroom Assistant Volunteer Application**

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Grade Fall of 2023:** \_\_\_\_\_ **School currently attending:** \_\_\_\_\_

**T-shirt size:** S    M    L    XL    XXL

You may choose to volunteer for one or both sessions, but you must be available all the days and times that you sign up to volunteer. Please select the session(s) you would like to volunteer for:

- \_\_\_\_\_ Both sessions
- \_\_\_\_\_ Morning session (9 am-12 pm)
- \_\_\_\_\_ Afternoon session (1 pm-4 pm)

**I would like to be a Classroom Assistant at Safety Town because:**

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**Safety Town is a program for 4 and 5 year olds. Please list any experience you have working with young children (Experience not required).**

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**Do you have any potential scheduling conflicts that could prevent you from being present for each day of the program or the orientation? If so, please list.**

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Marysville Safety Town 2024 Emergency Medical/Liability

Form Volunteer Full Name: \_\_\_\_\_

Parent/legal guardian full name: \_\_\_\_\_

Parent Phone : \_\_\_\_\_

Authorization for Emergency Medical Treatment

\_\_\_\_\_ In the event of an emergency, I grant permission for my child to be medically transported.

\_\_\_\_\_ I do not grant permission for my child to be medically transported in the event of an emergency.

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

\_\_\_\_\_  
Date

Field Trip Permission: I give my child permission to leave Navin Elementary and walk to and visit the Decker Fire Station across the street during his/her scheduled time.

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

\_\_\_\_\_  
Date

Liability Waiver: I hereby grant permission for my son/daughter to volunteer with the Marysville Safety Town program. I, (legal guardian) acknowledge that participation in Marysville Safety Town Programs may involve some risk of physical injury due to the nature of activities. I understand that participation in these activities could and may present a risk of injury to my or my child’s property or person and I knowingly accept the possible risk of falling, getting bumped or injured by another participant or equipment. In consideration for acceptance of these programs, I do hereby release and forever discharge, for myself, my heirs, executors and administrators, any and all claims to collect damages which my child may incur in these activities, and any and all rights to such damages against anyone responsible or associated with the Safety Town event, including, but not limited to the City of Marysville, the Union County Health Department, Marysville Exempted Village School Districts, the Union County Sheriff’s Office, Memorial Health, their employees, agents, officers, volunteers, sponsors, or independent contractors. I further represent that my child is in good physical condition to participate in this program.

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

\_\_\_\_\_  
Date

Photo Release: I do hereby consent to have the Marysville Safety Town Program photograph my child for Marysville Safety Town promotional or commemorative purposes. I further consent and acknowledge that said photograph may be published or reprinted. I acknowledge that by opting out my child may, through the course of the program, be photographed, but that photograph will not be reprinted, published or used for any promotional or commemorative purposes.

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

\_\_\_\_\_  
Date

**Please continue to next page.**

**Emergency Contacts:** Any person listed should be able to assist in contacting you. At least one person listed must be local, able to take responsibility for the child in case the parent/guardian cannot be contacted and should be at least 18 years old.

Emergency Contact Name	Emergency Contact Phone	Relationship to Participant
Emergency Contact Name	Emergency Contact Phone	Relationship to Participant

**Known Allergies of Participant:** \_\_\_\_\_

\_\_\_\_\_

**Other Health Concerns:** \_\_\_\_\_

\_\_\_\_\_

**Current Medications:** \_\_\_\_\_

\_\_\_\_\_



**Safety Town 2024  
Recommendation form**

*Please have a teacher or other adult mentor (not a relative) complete this form  
and email a copy to [safetytown@uchd.net](mailto:safetytown@uchd.net) or mail it to*

*Union County Health Department  
940 London Ave, #1100, Marysville, OH, 43040 .*

*\*If you are a previous Safety Town volunteer, THIS STEP IS NOT NECESSARY!!*

I, \_\_\_\_\_ recommend  
\_\_\_\_\_ to be a Classroom Assistant at Safety Town, because:

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**How long have you known the applicant? In what capacity?**

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**Why do you think the applicant would be a good leader working with children?**

**In what ways have you found the applicant to be dependable?**

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**Why do you feel the applicant would be a positive role model for children?**

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\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print name/Title**

\_\_\_\_\_  
**Phone**