

# Mentor Safety Town Teen-aide Application Checklist



## Instructions:

- Complete the Teen-Aide Application
- Parental Permission and Agreement form- to be completed by parent or legal guardian
- Prepare a Self-addressed envelope

Place items in an unsealed and stamped envelope and address to:

Mentor Safety Town  
c/o Joelle Geiger  
7342 Amanda Place  
Concord, Ohio 44077

Provide the "Teacher Recommendation Form" and the entire packet to the teacher who is completing the evaluation.

Ask the teacher to complete the form and mail all items in the stamped and addressed envelope provided by you, as soon as possible

If you have any questions, please contact us at our voicemail (440)954-3690 or email us at [admin@mentorjuniorwomen.org](mailto:admin@mentorjuniorwomen.org).



**Junior Women's Club of Mentor  
MENTOR SAFETY TOWN TEEN-AIDE APPLICATION**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
 DOB: \_\_\_\_\_ School \_\_\_\_\_  
 Attending: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_  
 Grade level completed by summer 2019: \_\_\_\_\_ (Must have completed 7<sup>th</sup> grade) Size of T-Shirt \_\_\_\_\_

What activities are you involved in and out of school? \_\_\_\_\_  
 \_\_\_\_\_

Have you applied to be a Safety Town Aide before? \_\_\_\_\_

Have you worked at Safety Town before? \_\_\_\_\_  
 Do you baby-sit? \_\_\_\_\_ Have you completed the Red Cross CPR or babysitting course or another safety course? Please Specify \_\_\_\_\_  
 Do you have any disabilities that would interfere with any physical tasks required of you? \_\_\_\_\_  
 If yes, please explain \_\_\_\_\_  
 Please write a brief paragraph telling us why you want to work at Safety Town this summer:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**REFERENCES:** Please have the attached recommendation forms completed by a teacher that knows you well. Have the teacher send completed form to: Mentor Safety Town, c/o Joelle Geiger, 7342 Amanda Place, Concord, Ohio 44077 (Include a **self addressed stamped envelope**). **All completed forms must be received by April 15, 2019.** *If you have been accepted, you will be notified by May 15, 2019. The sooner you mail in your completed application, the better your chances of being accepted!*

Please indicate the sessions and times you are available to work and write the number 1, 2 or 3 (#1 being most preferred choice) or N/A, if not available. Due to the expected volume of applications, you may not be placed in your first preference. Please list **only** the sessions you are able to work.

This service project will give you 40 service hours. If you are accepted, you will be required to show up at the one mandatory Teen-Aide Orientation Work Date. The Work Date will be held on 05/29/19 from 6:00-7:30pm and will count toward your 40 service hours.

**All Sessions will be held at our new location at Garfield Elementary/Memorial Junior High, 7090 Hopkins Road, Mentor, Ohio.**

- \_\_\_\_ **Session 1 – June 3 thru June 7** (Monday 8:00 – 11:15, Tuesday – Thursday 8:30 – 11:15 & Friday 8:30 – 2:00)  
(5/29/19-- 6:00-7:30pm (work session))
- \_\_\_\_ **Session 1 (Evening)–June 3 thru June 7** (Monday 5:00-8:15pm, Tuesday–Thursday: 5:30–8:15 & Friday 5:30 – 7:00pm). Please note that if we do not have enough children registered for the evening session, we will **cancel** this Session.  
(5/29/2019-- 6:00-7:30pm (work session))
- \_\_\_\_ **Session 2 - June 11 thru June 14** (Monday 8:00 – 2:15, Tuesday – Thursday 8:30 – 2:15 & Friday 8:30 – 2:00)  
(5/29/19-- 6:00-7:30pm (work session))

**Each application will be subject to review by the Mentor Police Department**

**Junior Women's Club of Mentor**  
**2019 MENTOR SAFETY TOWN TEEN-AIDE**  
**PARENTAL PERMISSION AND AGREEMENT**

I, \_\_\_\_\_ release and hold harmless, or  
Print - Parent or Guardian

otherwise indemnify, the Junior Women's Club of Mentor, its Safety Town Committee, its associated members, or any of their sponsors against any and all claims by or on behalf of the applicant, as a result of the applicant's participation in Safety Town.

This guardian further states that his or her child is in good physical condition and his or her health will not be hindered by the physical activities in this summer program.

During this session, if the Parent/Guardian is unavailable in the event of an emergency, the following person can be contacted and act on behalf of the guardian:

Name \_\_\_\_\_ (Relationship) \_\_\_\_\_

Cell \_\_\_\_\_

Phone \_\_\_\_\_

\_\_\_\_\_  
(Signature of Guardian) (date)

\_\_\_\_\_  
(home phone) (cell phone)

\_\_\_\_\_  
(email)

Teen-Aides are accepted and placed in requested sessions on a "first-come, first-served" basis, after passing the qualifying requirements. Submit your application as soon as possible. Due to the large volume of applications, only accepted teen-aides will be notified by mail and/or e-mail.

**Mentor Safety Town 2019 Teen-Aide**  
**TEACHER RECOMMENDATION FORM**

Teacher: \_\_\_\_\_ School: \_\_\_\_\_

Student name: \_\_\_\_\_

The above student is applying for the position of Safety Town Teen-Aide. Please evaluate this student by the following criteria, using the scale below:

**Key:      5 = Excellent   4 = Above Average   3 = Average   2 = Below Average   1 = Poor**

- \_\_\_\_\_ 1. Ability to get along with others
- \_\_\_\_\_ 2. Attentiveness in class
- \_\_\_\_\_ 3. Willingness to help other classmates
- \_\_\_\_\_ 4. Quality of work presented
- \_\_\_\_\_ 5. Punctuality
- \_\_\_\_\_ 6. General disposition
- \_\_\_\_\_ 7. Attendance record
- \_\_\_\_\_ 8. Ability to meet obligations and commitments
- \_\_\_\_\_ 9. Honesty and trustworthiness
- \_\_\_\_\_ 10. Willingness to conform to rules
- \_\_\_\_\_ 11. General grooming and appearance
  
- \_\_\_\_\_ **Total Score**

Additional comments: (use back of paper if necessary)

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**TEACHER:** Please complete the Teacher Recommendation Form and mail along with the student's application and self addressed stamped envelope provided by the student to:

MENTOR SAFETY TOWN c/o Joelle Geiger, 7342 Amanda Place, Concord, Ohio 44077