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)606-6401 or email us at 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 2020: ______ (Must have completed 7th 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, 2020. If you have been accepted, you will be notified by May 15, 2020. 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 05/27/20 from 6:00-7:30pm and will count toward your 40 service hours.

All Sessions will be held at our new location at Ridge Elementary School, 7860 Johnnycake Ridge Road, Mentor, Ohio

____Session 1 – June 1 thru June 5 (Monday 8:00 – 11:15, Tuesday – Thursday 8:30 – 11:15 & Friday 8:30 – 2:00) (5/27/20-- 6:00-7:30pm (work session))

____Session 1 (Evening)– June 1 thru June 5 (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. (5/27/20-- 6:00-7:30pm (work session))

____Session 2 - June 8 thru June 12 (Monday 8:00 – 2:15, Tuesday – Thursday 8:30 – 2:15 & Friday 8:30 – 2:00) (5/27/20-- 6:00-7:30pm (work session))

Each application will be subject to review by the Mentor Police Department
Junior Women’s Club of Mentor

2020 MENTOR SAFETY TOWN TEEN-AIDE
PARENTAL PERMISSION AND AGREEMENT

I, ___________________________________________ release and hold harmless, or
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 2020 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)

________________________________________________________________________

________________________________________________________________________

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