

Mentor Safety Town Teen-aide Application Checklist



Teen-aide Applicant - Please be sure to include the following and then give the packet to the teacher who is providing your recommendation to make the final mailing:

- Self-addressed return stamped envelope**
- Completed application**
- Completed Parental Permission and Agreement form**
- Teacher evaluation in a sealed envelope**
- Then...mail entire application to:**

**Mentor Safety Town
c/o Julie Pattie
289 Edison Dr.
Eastlake, Ohio 44095**

Teachers – Please be sure to include completed Teacher Recommendation Form and mail the entire packet as soon as possible in the stamped and addressed envelope the student should provide to you.

If you have any questions, please contact us at our voicemail (440)954-3690 or e-mail us at info@juniorwomens.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 2012: _____ (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. Please have the teacher completing the form return it to: Mentor Safety Town, c/o Julie Pattie, 289 Edison Ave., Eastlake, Ohio 44095. **All completed forms must be received by April 15, 2012.** *If you have been accepted, you will be notified by May 5, 2012. The sooner you mail in your completed application, the better your chances of being accepted!*
Any Questions? Call Mentor Safety Town's voice mail at (440)954-3690.

This service project will give you 40 service hours. Please indicate the sessions and times you are available to work. Indicate your preferences by placing 1, 2 or 3 (#1 being most preferred) 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. If you are accepted, you will be required to show up at the one mandatory Teen-Aide Orientation Work Date. They are 06/11/2012 6:00-8:00pm. **This is different than in previous years. This date will count toward your 40 service hours.

All Sessions will be held at St. Mary of the Assumption School, 8560 Mentor Ave., located approximately half way between Rt. 615 and Little Mt. Road. Enter parking lot from Mentor Avenue at the front of the church. School is behind the church. Enter through the side wing by the flag pole.

____ **Session 1 – June 18 thru June 22** (Monday 8:00 – 2:15, Tuesday – Thursday 8:30 – 2:15 & Friday 8:30 – 2:00)
(06/11/2012-- 6:00-8:00pm (work session))

____ **Session 2 - June 25 thru June 29** (Monday 8:00 – 2:15, Tuesday – Thursday 8:30 – 2:15 & Friday 8:30 – 2:00)
(06/11/2012-- 6:00-8:00pm (work session))

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

**Junior Women's Club of Mentor
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) _____

Phone _____

Cell _____

(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.

**Junior Women's Club of Mentor
MENTOR SAFETY TOWN TEEN-AIDE
TEACHER RECOMMENDATION
(Please enclose in a sealed envelope)**

Student's Name: _____

Teacher: _____ School: _____

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:

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 return this form in a sealed envelope so the student may return the completed packet to: MENTOR SAFETY TOWN c/o Julie Pattie, 289 Edison Dr., Eastlake, Ohio 44095 by April 15, 2012. The student is required to provide the completed application **with a self-addressed stamped envelope** to mail with your completed form. Thank you for your time and cooperation.