

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

OR

joelle.geiger@weschools.org

The documents can be provided to us via Email:

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 email:
mentorsafetytown@gmail.com.



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 2024: _____ (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, 2024.** *If you have been accepted, you will be notified by May 15, 2024. 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 35 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 05/29/24 from 6:00-7:00pm and will count toward your 35 service hours.**

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

____ Session 1 – June 3 thru June 7 (Monday 8:00 – 11:15, Tuesday – Thursday 8:30 – 11:15 & Friday 8:00 – 1:30)
(5/29/24-- 6:00-7:00pm (work session))

____ Session 2 - June 10 thru June 14 (Monday 8:00 – 2:15, Tuesday – Thursday 8:30 – 2:15 & Friday 8:00 – 1:30)
(5/29/24-- 6:00-7:00pm (work session))

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

Junior Women's Club of Mentor
2024 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 2024 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