

## 2025 Elyria Safety Town Volunteer Application

The Annual Safety Town Program will begin on June 9, 2025. The Elyria Police Department and the Elyria Parks and Recreation Department are looking for volunteers to work with the children registered for Safety Town. **Students eligible to become a volunteer must have completed the 5<sup>th</sup> grade or higher at the end of the 2025 school year.** Safety Town will be held at RAPHA Academy (former Northwood Middle School) located at 700 Gulf Road. Volunteers are required to be present from 8:30 a.m. until noon each day, unless otherwise advised.

**All completed applications that are turned in on time will be a 2025 Safety Town Instructor.** Please take into consideration any vacations or family outings that may be planned when applying and selecting the dates that you will be available. **Instructors must be available for a minimum of 2 of the weeks to be considered.** Instructors are required to be present **4 of the 5 days** in the weeks scheduled to count as a full week of work.

**Applications are due by Friday April 25, 2025. Student instructors will be required to attend one of the two Mandatory Instructor's meetings on either Thursday May 1, 2025 starting at 6:00 p.m. or Saturday May 8, 2025 starting at 10:00 a.m. at East Recreation Center, 1101 Prospect Street.**

**\*\*First time Instructor Applicants will need to have a letter of reference from a Teacher, Pastor, etc., attached to the application.**

Completed applications can be mailed or dropped off at the Elyria Parks & Recreation Department at the following address:

Nicole Edwards, Recreation Supervisor  
Elyria Parks & Recreation Department  
131 Court Street, Suite 103  
Elyria, OH 44035

Sincerely

**Nicole Edwards**

Nicole Edwards  
Recreation Supervisor  
Elyria Parks & Recreation Department  
440-326-1503

# Safety Town Instructor Application

PLEASE PRINT IN BLUE OR BLACK INK

APPLICATION DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL/HOME \_\_\_\_\_ Male or Female

GRADE COMPLETED (end of 2025 year): \_\_\_\_\_ T-SHIRT SIZE: YL AS AM AL AXL (CIRCLE)

PLEASE CHECK ONE: \_\_\_\_\_ NEW INSTRUCTOR \_\_\_\_\_ RETURNING INSTRUCTOR

**Please Check Available Weeks (Minimum of 2 weeks is required to be considered)**

\_\_\_\_\_ June 9-13 or \_\_\_\_\_ June 16-20 or \_\_\_\_\_ June 23-27

DAYS OF THE SELECTED WEEKS THAT I HAVE A CONFLICT: \_\_\_\_\_

REASON I WISH TO BE A SAFETY TOWN INSTRUCTOR: (INCLUDE PREVIOUS EXPERIENCE)

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IF YOU ARE A RETURNING INSTRUCTOR PLEASE SELECT ALL AREAS YOU WOULD LIKE TO HELP THIS YEAR IN SAFETY TOWN.

\_\_\_\_\_ COLOR GROUP LEADER \_\_\_\_\_ INSTRUCTOR \_\_\_\_\_ CHARACTER \_\_\_\_\_ TEACHER

ALL STATEMENTS IN THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE:

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENTAL CONSENT AND SUPPORT OF PARENTS/GUARDIAN:

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

EMERGENCY INFORMATION:

Does your child have any medical conditions of which we should be aware? Please list any/all allergies especially food allergies: \_\_\_\_\_

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**EMERGENCY CONTACT INFORMATION:**

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

**Participant Permission:**

I hereby give permission for my child named above to volunteer for the City of Elyria Safety Town.

Intending to be legally bound, I hereby agree to hold harmless, The City of Elyria and all the partner agencies for any accidents or injury to my child while participating in any of the Safety Town Sessions and activities. I also give permission for the City of Elyria staff and partner agencies to seek medical treatment for my child should it be deemed necessary.

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Participant/Parent/Guardian Signature

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Date

**Photo Release for minors under 18:**

I hereby give permission to the staff of the Safety Town, Elyria Police Department, Elyria Parks and Recreation Department, and all partner agencies to use, reproduce, publish, and redistribute photograph(s) taken of my child during Safety Town, either complete or in part, alone or in connection with press releases, promotional or publicity publications, reports, and pages of the website, whether now known or later invented, of the City of Elyria, Elyria Police Department, Elyria Parks and Recreation Department, and all partner agencies. I understand that I do not own the copyright of the photograph(s)

**Initial ONE of the following statements:**

\_\_\_\_\_ I agree to the above and grant permission for my child to be photographed

\_\_\_\_\_ I do **NOT** want my child to be photographed

**All programs and services offered by the City of Elyria are available without regard to race, color, religion, sex, national origin, age, marital status or veteran status, disability or any other legally protected status**