WESTERVILLE SAFETY CITY TEEN APPLICATION (to be completed by teen applicant)

Name				
Address			Zip code	
E-Mail				
Phone(s) Home	Cell	Age	Date of Birth	
			th children?	
Please list the names and	phone numbers of two (2) adult reference		
How did you hear about t	he opportunity of Teen S			
Emergency contacts:				
Name		Phone		
Allergies				
required each day of the proam unable to be present for	ogram, June 4–15, and fo the entire two week progr taff Member unable to att	or the training sessi ram, I will be apply	ty City. I understand that my attendance is on, June 1, 2018. I understand that, if s ing for a substitute position, rather than a ssion must have teen coordinator approva	
Teen applicant signature			Date	
school bus ride and walking	g lessons and with this per indemnify the sponsors of	rmission do waive a this program for a	ogram as a Teen Staff Member including of any claims we may occasion as a result of ny injuries or damages occasioned by my program.	
Parent/Guardian signature	<u> </u>		Date	
All Teen Staff Members a	re provided a Safety City	shirt that is to be	worn each day of the program.	

By April 30, please return application and letter of recommendation written by an adult that is a not a family member. Returning teen staff do not need a recommendation letter with 2018 application.

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Any applications not requesting a size will receive an adult large. Please Circle T-shirt Size S