



2024 SAFETY TOWN VOLUNTEER REGISTRATION

Name: Email: Address: City: Zip: Phone: Age: SSN: (Last 4 digits if over 18) Emergency Contact Name: Phone: Physician: Phone: Specific Medical Issues:

School: Will you need a letter for volunteer hours? _____

I _____ agree to volunteer for The Carr Center Safety Program. In the event of an emergency, I give permission for emergency medical care, such as contacting emergency squad, to be initiated on my behalf. Further, I understand The Carr Center will initiate efforts to contact my emergency contact in the event of any emergency.

Participant's Signature Date

Parent's Signature (If participant is under 18) Date



SESSION REQUESTED All sessions are located at The Carr Center

June 3 - 7 Evening Monday - Friday 6:00 to 7:30 p.m. Shirt Size: June 10 - 14 Evening Monday - Friday 6:00 to 7:30 p.m. June 17 - 21 Evening Monday - Friday 6:00 - 7:30 p.m.

PLAN TO ARRIVE 15 MINUTES EARLY Thank you for your interest in The Carr Center Safety Town. You are requested to commit to one entire week of the program. We are hopeful to schedule you for your selected week, however, if conflicts arise, you will be contacted to reschedule. Parent volunteers will not be in the same group as your child.

Please return completed registration: Safety Town Volunteer Registration The Carr Center, 1035 Beverly Ave., Zanesville, OH 43701 Register online at www.carrcenter.org