

# Middletown Safety Town Program Volunteer Registration Form

August 12-15, 2008  
Aquidneck Elementary School

*(Please fill in all spaces that apply. Further details and volunteers requirements will be sent to you upon receiving your application. Thanks.)*

Volunteer's Name_____
E-Mail_____
Address _____
City_____State_____Zip_____
Home Phone_____Cell_____
Phone_____
School (Fall 2008)_____Grade_____Age_____

Parent/Guardian Name(s)_____
Home Phone(s)_____Work Phone(s)_____
Emergency Contact_____Phone_____
Family Physician_____Phone_____
Allergies_____

Please check all the areas that you can volunteer your services:
<input type="checkbox"/> Teen Aide/Counselor
<input type="checkbox"/> Guest Speaker
<input type="checkbox"/> Construction and set-up of Safety Town materials
<input type="checkbox"/> Donations (i.e., snacks, art supplies, helmets, office supplies, etc.)
<input type="checkbox"/> Other (please specify) _____

Please mail registration form ASAP to:
Middletown Public Schools Attn: Safety Town 26 Oliphant Lane Middletown, RI 02842

Press Waiver (for teen volunteers)
_____ I give permission for any of my son/daughter's pictures and/or video footage taken at Safety Town to be released to press (i.e., local newspapers).
_____ I do not give permission for any of my son/daughter's pictures and/or any video footage taken at Safety Town to be released to press (i.e., local newspapers).
Parent/Guardian Signature _____