

**2016 Safety Town Mentor Application  
July 11-15 & July 18-22  
North Hill Elementary**

Name					
Address					
City		Phone:		Cell Phone:	
School		Birthdate:			
Current Grade:					
Have you ever been involved in criminal activity <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain on back					
<b>Non-Family Adult Recommendation:</b>					
Name:			Relationship to Applicant:		
Day phone:			Eve: phone		
Reason for recommendation:					
<p><b>*I will be able to help during the entire program: <input type="checkbox"/> Yes <input type="checkbox"/> No</b></p> <p><b>July 11<sup>th</sup> – July 15<sup>th</sup></b> <b>July 18<sup>th</sup> – July 22<sup>nd</sup></b></p> <p><b>If no, specify when you are able to help and any other activities that may conflict:</b></p>					

**APPLICATION DEADLINE – May 27<sup>th</sup>, 2016**

**Please send to: Nicki Moad [nicolette.theodore-moad@bclds.org](mailto:nicolette.theodore-moad@bclds.org)  
14454 Sunset Lane  
West Burlington, IA 52655**

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<p><b>*I will be able to attend the informational meeting:    Yes    No</b></p> <p align="center"><b>June 29<sup>th</sup> 4:00 – 5:30 PM</b>  <b>Meeting Room B, Burlington Public Library</b></p> <p><b>*I will be able to assist with set-up:    Yes    No</b></p> <p align="center"><b>July 8<sup>th</sup> - North Hill Elementary- time to be determined</b></p>	
<p>I prefer to help in the: <input type="checkbox"/></p> <p>      _____ Morning – 9 AM – Noon</p> <p><input type="checkbox"/></p> <p>      _____ Afternoon – 1 PM – 4 PM</p> <p>      _____ Either Session</p> <p>      _____ Both (if needed)</p>	<p>Mode of transportation to and from Safety Town:</p>   <p>T-Shirt Size (circle one):          Youth    S    M    L          Adult    S    M    L</p>
<b>Parent/Guardian Authorization</b>	
Parent/Guardian Name:	
Address:	
Day Phone:	Eve. Phone:
Relationship to applicant:	
I hereby authorize the above child to apply for participation as a Safety Town Mentor.	
Signature:	

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**West Burlington, IA 52655**