



Volunteer Identification and Agreement Form

Volunteer Information

First Name: _____ Last Name: _____ Age: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Email: _____

Emergency Contact Information

First Name: _____ Last Name: _____ Phone: _____

Appointment and Program Information

Start Date: _____ End Date: _____ Session- AM / PM or Both: _____

Supervisor- First Name: Veronica Last Name: Griffith

Program/Department: Safety Town / Career & College Readiness Center (CCRC)

Volunteer Duties

Description: Assisting the leadership in all aspects of the program. This will include but may not be limited to the following:

- Assisting classroom teacher
- Guiding children to/from classroom/Safety Town
- Help with check-in/out
- Classroom set-up/clean-up
- Outdoor set-up/take-down bikes & signage
- Supervising students
- Assisting with art projects
- Helping with songs/movements
- Reading to and watching videos with students
- Reinforcing/Review lessons in Safety Town
- Walking with students around the town obeying crosswalks, signage, etc.
- Singing Safety songs during the walk around town
- Help with transition to bikes/helmets-instruction for motorists
- Riding school bus with children
- Sitting with children during demonstration/talks from guest speakers
- Assembling daily envelopes to go home
- Other

Volunteer Acceptance of Terms with Signature

- I agree that my participation in the activities outlined in the description of volunteer duties is wholly and voluntary and without salary or other valuable consideration. I acknowledge that I am not an employee of GFPS and that it has the right to terminate my assignment as a volunteer without cause or notice.
- I understand that GFPS is not responsible for any accident or medical expenses incurred by me. Further, I understand that
- I am neither covered by Worker's Compensation nor entitled to employee benefits as a result of my volunteer affiliation.
- I agree to a background check.
- I am aware of the terms and conditions of this agreement and I am signing this agreement of my own free will.

Volunteer Signature: _____ Date: _____

Guardian Signature (if under 18): _____ Date: _____

Thank you for volunteering!