

CITY OF TOLEDO



DEPARTMENT OF POLICE OPERATIONS

SAFE-T-CITY TEACHER ASSISTANT APPLICATION

To: Student of GRADES 6th grade and higher

The Toledo Police Department needs volunteer teacher's assistants for our **Safe-T-City** Program at the Scott Park District Station. Any students entering the 6th grade or above can have a fun-filled time and gain valuable work experience.

SAFE-T-CITY

Safe-T-City is a child safety program for children who will be entering kindergarten in the fall. It includes classroom instruction with a certified teacher and resource speakers. It also entails instruction by police officers in a small-scale city complete with traffic lights, street signs, railroad tracks and other traffic signs or signals that children may be experiencing on their way to school this fall.

DUTIES

Daily responsibilities will include assisting teachers, police officers, and students in the classroom and in the miniature city. Duties also include serving snacks. Serving as a teacher's assistant is an 8-day 2 1/2-hour per day commitment. The morning session is 8:15 to 10:45 and the afternoon session is 12:00 to 2:30. The dates are listed inside. **It is important that you are here everyday for the session that you have chosen.**

PROVIDES A REFERENCE

This work experience will give insight into several different career worlds, (i.e. teaching, law enforcement, child development, etc.) You will gain many tips for safety practices from the teachers and resource speakers connected with the program. You will also meet other assistants in the program who may become new friends. Any further questions may be answered emailing: Safe.T.City@gmail.com or by calling the **Safe-T-City** office, (419) 936-2984. Please leave a message if no one is available to answer your questions.

Please wear appropriate clothes while volunteering. No short-shorts or see through shirts are allowed. If your dress is not appropriate you will be asked to change, or be sent home.

Toledo Police Department - Safe-T-City



WAIVER AND RELEASE OF LIABILITY RELATING TO CORONAVIRUS/COVID-19

The World Health Organization has declared the novel coronavirus, COVID-19 a worldwide pandemic that is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend masking, hand washing and social distancing. On March 10, 2020, Ohio Governor Mike DeWine issued Executive Order 2020-0D1. This order declared a state of emergency across the state of Ohio under section 5502-22 of the Ohio Revised Code.

Where possible, The City of Toledo and Toledo Police Department has and will continue to implement policies intended to reduce the potential for the spread of COVID-19, but cannot guarantee that you, your household, or members of your family will not become infected with COVID-19 as a result of utilizing and/or participating in the Toledo Police Department's Safe-T-City services premises. Further, such participation could increase your risk and, therefore, the risk to your family members and persons within your household of contracting COVID-19. Finally, the City of Toledo and Toledo Police Department require all participants to adhere to all local, state and federal regulations regarding masking, hand washing and social distancing.

I have read and understand the above warning concerning COVID-19, and I acknowledge and understand that the City of Toledo and Toledo Police Department cannot completely prevent you,

_____ Name of parent/legal guardian

[or your child(ren)]

_____ name of child(ren)

from potentially becoming exposed to, contracting, or spreading COVID-19 while utilizing the Toledo Police Department Safe-T-City services or premises, nor is it possible to completely prevent against the presence of the disease.

ASSUMPTION OF RISK: By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I further agree to assume all of the foregoing risks and voluntarily accept sole responsibility for myself and/or my children in order to utilize the Toledo Police Department's Safe-T-City services premises. These services are of such value to me [and/or to my children,] that I accept the potential risk of being exposed to, contracting, and/or spreading COVID-19 in order to utilize them.

WAIVER OF LAWSUIT/LIABILITY: On my behalf, and on behalf of my household and family, I hereby forever release, covenant not to sue, discharge and hold harmless the City of Toledo, the Toledo Police Department, and its officers, directors, managers, officials, trustees, agents, employees, or other representatives of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating to potential exposure, infection, and/or spread of COVID-19 related to utilizing the Toledo Police Department's Safe-T-City services and premises. I understand that this waiver means I give up my right to bring any claims including for personal injuries, death, disease or property losses, or any other loss, including but not limited to claims of negligence and give up any claim I may have to seek damages, whether known or unknown, foreseen or unforeseen.

CHOICE OF LAW: I understand and agree that the law of the State of Ohio will apply to this Waiver and Release.

I HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS OF THIS RELEASE, AND FREELY AND KNOWINGLY ASSUME THE RISK AND WAIVE MY RIGHTS CONCERNING LIABILITY AS DESCRIBED ABOVE:

Signature: _____

Date: _____ Name (printed): _____

I am the parent or legal guardian of the minor named above. I have the legal right to consent to and, by signing below, I hereby do consent to the terms and conditions of this Release.

Signature: _____

Date: _____ Name (printed): _____

Have you ever been a Safe-T-City teacher's assistant? YES () NO ()

If **YES**, during what year(s)? _____ If you have checked the **yes** box, you will **NOT** need to submit a new recommendation letter.

Are you a graduate of Safe-T-City? YES () NO ()

If you checked "**NO**", please contact a non-relative (i.e. teacher, pastor, or employer) and request that the attached recommendation form be completed and returned to the address listed below. When requesting a recommendation it is thoughtful to give this person a pre-addressed stamped envelope. This assures the recommendation will be returned to us.

This recommendation may NOT be from a parent/relative/family member.

I UNDERSTAND MY SON/DAUGHTER _____ HAS VOLUNTEERED THIER SERVICES FOR THE SAFE-T-CITY PROGRAM. I GIVE MY PERMISSION AND UNDERSTAND I AM TO PROVIDE TRANSPORTATION.

Parent Signature: _____

When application form is complete, please mail to:

Toledo Police Department
Safe-T-City Program
Scott Park District Station
2301 Nebraska Avenue
Toledo, Ohio 43607

Application and recommendation forms may also be faxed to 419-936-3859 or emailed to:
safe.t.city@gmail.com

If you have any questions please contact the Safe-T-City Office by the email above or at 419-936-2984. Please leave a message and your call will be returned.

Applications will only be processed if ALL of the parts are completed.

Application must be accompanied with a completed waiver and release of liability relating to Coronavirus to be considered.

**2021 SAFE-T-CITY
Volunteer Teacher's Assistant Application
Toledo Police Department**

SAFE-T-CITY TEACHER'S ASSISTANT RECOMMENDATION FORM

The applicant listed below is volunteering as an assistant with our **Safe-T-City** program. **Safe-T-City** is targeted for children entering kindergarten. The children attend an 8-day program on general and pedestrian safety. The applicant will work with a teacher and help the children. We need volunteers who can follow directions and are professional in their dealings with children and parents. Approximately 650 children attend Safe-T-City throughout the summer. Their parents have contact with the assistants throughout the summer. It is necessary for the volunteers to be calm, efficient and able to take initiative when needed. This recommendation only needs to be completed for first time applicants.

Applicant's Name:

Your Name:

Capacity in which you know the applicant (Must **not** be a relative):

I feel this applicant would be great for the Safe-T-City Program because:

Please return this recommendation to:

Toledo Police Department
Safe-T-City Program
Scott Park District Station
2301 Nebraska Avenue
Toledo, Ohio 43607

Recommendation may also be faxed to 419-936-3859 or emailed to If you have any questions please
contact the Safe-T-City Office
at 419-936-2984.

Thank you for your time in completing this recommendation.

Office Use Only

Date Received _____