

COUNSELOR APPLICATION

OFFICER BEALL'S KIRTLAND

SAFETY TOWN 2025

JUNE TRAINING DATE TBA

JUNE 2 - 6 MUST WORK ALL DAYS

Monday – Friday

8:30 am – 12:30 pm

SERVICE HOURS

You will receive 20 service hours for your time. The proper service hour forms need to be obtained from the school.

TO APPLY

- Fill out the attached application.
- Return completed application before May 1 to:

Kirtland Community Center
7900 Euclid-Chardon Road

~ or ~

email to:

communitycenter@kirtlandohio.com

- All potential counselors will be interviewed by the Safety Coordinator and Rec Department staff during the weeks of May 5 and 12.
- Counselors will be notified by May 23 regarding application status.
- The Kirtland Community Center reserves the right to stop collecting counselor applications prior to the May 1 deadline.

QUESTIONS?

Contact the Kirtland Community Center

- 440-256-4711
- CommunityCenter@KirtlandOhio.com

COUNSELOR APPLICATION

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SAFETY TOWN 2025

This application is to be filled out by the applicant

Name: _____ Age: _____ Grade completed by 05/30/25: _____

Address: _____ City: _____

Phone: _____ Email: _____

How will you get to Safety Town? _____

Have you ever applied for Safety Town? Y N If so, when? _____

Have you ever worked for Safety Town? Y N If so, when? _____

Using a separate paper or within your emailed response, please answer the following questions:

Do you have any previous experience working with young children? If so, please elaborate.

Tell us why you would be a strong counselor and what skills you bring to the Safety Town team.

(150 words or less)

List one, non-family reference:

Name: _____ Phone: _____

How do you know them? _____

If you are selected as a Safety Town team member, further paperwork will be required.

PARENTAL/GUARDIAN CONSENT

I, _____, as the parent/guardian of _____, give my permission
PARENT/GUARDIAN NAME PRINTED CHILD'S NAME PRINTED
and consent for him/her to participate in the Safety Town program as a counselor. I understand that he/she is responsible for exercising due caution and to follow the safety and discipline rules of the Safety Town leaders. I understand that the City of Kirtland, the Kirtland Police, and the Kirtland Fire Department do not provide medical or hospitalization insurance and do not assume any responsibility or liability for any injury my child may sustain while, watching or participating in any recreation/leisure/educational activities associated with Safety Town. I also authorize and give my permission to a hospital or qualified physician to provide any necessary medical treatment in the event of an accident or medical emergency.

Parent Signature: _____

Date: _____

Phone: _____

Parent Email: _____

Received by:

Community Center Representative

Date