

Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Birthdate: _____ **Grade:** _____ **Teacher:** _____

E-Mail Address: _____

Position Applying For: _____

Previous School Work Experience: _____

Arrival/Leaving School

Please circle below how you brought to and leave school most of the days of the week. We understand occasionally you will come to school or go home after school a different way. If you have an unusual schedule for the morning and afternoon during the week, please list it below.

Morning: Car – Bus – Daycare Van/Bus - YMCA

Afternoon: Car – Bus – Daycare Van/Bus - YMCA

References

Teachers: Please sign this application if you feel that this student demonstrates dependability, good behavior, has consistency in their academics, shows leadership in the classroom and is someone who would be a good student to have on Safety Patrol.

Teacher's Signature: _____

Parents: Please sign below stating that you understand what responsibilities that your child has being a member of Safety Patrol.

Parent's Signature: _____

Essay

Please attach an essay to the application stating your reasons why you would like to be a Safety Patrol member and what qualities you have that would make you a good Safety Patrol member.

Please return the application and essay to Mr. Whilden.