



# Patroller Application

I hereby apply to be a member of my school's AAA School Safety Patrol program. If accepted to participate, I will obey the rules and regulations created for safety patrol members and do all in my power to promote the safety of my fellow students and myself.

School Name: \_\_\_\_\_

Student Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Grade (check one):  4th  5th  6th  7th  8th

Teacher Name: \_\_\_\_\_ Room Number: \_\_\_\_\_

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## Parent/Guardian Approval

Understanding the goals and rules of the AAA School Safety Patrol program, I hereby give my consent to have the above named student serve as a member of the School Safety Patrol if he/she is accepted for this service. I give my consent and release to utilize photos, live and/or taped interviews for various programs and promotional uses by AAA Northern California, Nevada & Utah and \_\_\_\_\_ School.

Parent/Guardian Name (please print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Does your child have a physical condition that limits activity?  Yes  No

If yes, please explain: \_\_\_\_\_

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## Emergency Contact (other than Parent/Guardian)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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## School Approval Signatures

**Teacher Name** (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Principle Name** (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***For office use only. School to retain on file.***

Added to School Safety Patrol database

Added to meeting agenda

Added to attendance sheet

School Safety Patrol Advisor notified