AAA School Safety Patrol™

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: _____

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 Mountain West Group 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: Date of Birth:

Home Phone: Cell Phone:

School Approval Signatures

Teacher Name (please print):

Signature: Date:

Principal Name (please print):

Signature: Date:

- [ ] Added to School Safety Patrol database
- [ ] Added to meeting agenda
- [ ] Added to attendance sheet
- [ ] School Safety Patrol Advisor notified