

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 Northern California, Nevada & Utah and _____ School.

Parent/Guardian Name (please print) : _____

Parent Signature : _____ Date : _____

Email : _____

Home Phone : _____ Cell Phone : _____

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

If yes, please explain _____

EMERGENCY CONTACT (other than parent/guardian)

Name : _____ Relationship : _____

Home Phone : _____ Cell Phone : _____

SCHOOL APPROVAL SIGNATURES

This student is authorized to participate in all aspects of the AAA School Safety Patrol program.

Teacher Name (please print) : _____ **Signature** : _____ **Date** : _____

Principal 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