

Safety Patrol Application

Name: _____

Date: _____

Grade: _____

Teacher: _____

Age: _____

Why would you like to be a patrol member?

What skills and/or experiences do you have that would make you a good patrol member?

Please list any possible scheduling conflicts you might have: (i.e. Sports, Band, Orchestra, or Choir)

List two friends you would like to be with on a squad. We will do our best to honor this request.

Teacher Recommendation:

Teacher Signature: _____

Thank you for your interest in keeping our students and school safe!