

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.

Student Name: Date of Birth:

Student Address:

City: State: Zip:

Grade: (Check One) 4th 5th Teacher Name:

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 Somerset Academy Bethany.

Parent/Guardian Name: Date:

Parent/Guardian Signature:

Email:

Cell Phone: Alternate 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:

Cell Phone: Alternate Phone:

Student Name:

SCHOOL APPROVAL SIGNATURES

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

Sponsor Name (please print) :

Sponsor Signature :

Date:

Principal Name (please print) :

Principal Signature :

Date:

For office use only. School to retain on file.

- | | |
|---|--|
| <input type="checkbox"/> Added to School Safety Patrol database | <input type="checkbox"/> Added to attendance sheet |
| <input type="checkbox"/> Added to meeting agenda | <input type="checkbox"/> School Safety Patrol Advisor notified |