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

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As part of the Safety Patrol Team, each participant will be responsible for being at an assigned location *on time, the entire time* (8:40 a.m. – 9:00 a.m. before school and 3:45 p.m. – 4:00 p.m. after school) every day you are assigned to post, *rain, snow or shine.* It is the Safety Patrol member’s responsibility to help all other students *safely* cross the assigned streets in a designated manner. If a member of Safety Patrol is not able to make it to their assigned location (illness, etc), it is the responsibility of that Safety Patrol member to call a substitute from the Safety Patrol Team to be at his/her assigned location on time. Safety Patrol members also have the responsibility to attend all Safety Patrol meetings and to bring any questions or concerns about Safety Patrol to **Mrs. Greenwood/Sagers.** Those who successfully complete their assignments will get to participate in reward activities throughout the year. If you are interested, please return this **entire** form to Mrs. Greenwood/Sagers no later than Friday, September 6, 2013.

**Miscellaneous (but important) Information:** Priority will be given to 6th graders who were on the patrol last year that were in good standings (in other words you did a great job).

**I am available only in the Morning: \_\_\_\_\_\_**

**I am available only in the Afternoon: \_\_\_\_\_\_\_**

**I am available Morning & Afternoon: \_\_\_\_\_\_\_**

**I wish to only be a substitute: \_\_\_\_\_\_\_\_**

**STUDENT:** I will be a responsible safety patrol member, graciously accept assignments, and fulfill all my responsibilities as explained above.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Safety Patrol Applicant Signature)

**PARENT:** I will be supportive of my child and his/her responsibilities as a member of Safety Patrol and will help to ensure that my child is at his/her designated post on time.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Parent Signature)