

Emily Dickinson Safety Patrol Application

Name (first and last)		Parents:	Date:
Home Phone:		Parent's Email:	
Current Teacher (if known):		Address:	
Current Grade:			
Why do you want to join the Emily Dickinson Safety Patrol?			
Will you commit to showing up on time during your scheduled week?			
If your unable to work your scheduled shift for any reason other then being out sick for the day are <u>you</u> , willing to get your position covered by another team member? (A patrol contact list will be provided).			
Would you like to request to be placed on the same patrol squad as a sibling, friend or neighbor? If so, please list the first and last name of the student (this helps when carpooling).			
Do you have any questions about Safety Patrol?			
Will you be in Orchestra, Band or Choir? Circle one: Yes No			
If yes, what day/time?			
Parent Signature:		Phone Number:	
I give my permission for my students contact information to be added to the "Safety Patrol Contact List", for the purpose of covering and trading shifts. Parents signature_____			

Thank you for your commitment to our school!