



St. Patrick Catholic School

Safety Patrol Application



Please complete this application and return it to the front office by Monday, August 21st. All completed applications will be reviewed by Mr. Galley and students will be notified if they have been accepted and their assignment on Tuesday, August 22nd.

Student Name: _____

Student Grade: _____ Homeroom Teacher: _____

Signature of Homeroom Teacher: _____

Parent/Guardian Name(s): _____

Parent/Guardian Phone Number(s): _____

Write a few sentences about why you want to be on Safety Patrol and why you think you would be a good candidate.

Please indicate which shift(s) you would prefer/be able to serve on Safety Patrol.

Morning (7:35 AM – 7:55 AM): Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___

Afternoon (3:00 PM – 3:20 PM): Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___

Safety Patrol Commitment

We accept the responsibility of being a member of the St. Patrick Catholic Safety Patrol for the 2017-2018 school year. We understand that this commitment means that we must be present and on-time for the shifts that we are assigned. We promise to use this position as an opportunity to serve the St. Patrick Catholic School community and will always strive to set a good example for others. We understand that we have a duty to report unsafe conditions or activities to the school (teacher or principal) and that any concerns be addressed in a respectful manner.

Student Signature: _____

Parent/Guardian Signature: _____

Parent/Guardian Signature: _____