

Application for a Parent Volunteer for the School Safety Team

Name_____

School_____

Your contact information:

Address_____

Email_____

Phone # (home)_____ (cell)_____

Names and grades of children attending Middletown Schools:

Name_____ Grade_____ School_____

Name_____ Grade_____ School_____

Name_____ Grade_____ School_____

Name_____ Grade_____ School_____

Please answer the following questions:

1. Please outline your educational background and work experience.
2. Are you available for meetings/training during the school day?
3. Why are you interested in serving on the School Safety Committee?
4. What experience do you have working with children that would make you and an asset for this committee?
5. Please share any experience you have with analyzing data.

This form should be completed and returned to the Main Office in the school where you would like to serve on the School Safety Committee, no later than October 31st, 2011. Electronic transmission or hard copies are acceptable.