

WALKING SCHOOL BUS PROGRAM

Volunteer Application

Thank you for your interest in becoming a Walking School Bus (WSB) volunteer leader.

Please complete this form and mail, deliver or email it to:

Annie Szotkowski, Walking School Bus Organizer 1101 W. College Ave., Room 200, Spokane, WA 99201

- or -

aszotkowski@srhd.org

Name:						
Address:					***************************************	
Home phone:		Work ph	Work phone:			
Cell phone:		Text capa	_ Text capable: Smartphone:			
Email address:			Date of birth:			
Social Security Number (for crimina	al background	check):				
Please give a brief summary of you	r experience (i	if any) working	g with children: _			
Dietary restrictions/preferences:						
Please check the days you will be a	vailable to wal	lk children to s	school (one day a	week minimum):	
	Monday	Tuesday	Wednesday	Thursday	Friday	
Mornings 7:30 a.m 8:30 a.m.						
We will schedule a two-hour training Signing this form indicates your apprents for promotional purposes. T	ng and comple proval of the p hank you for y	ete a backgrou Process and an Prour cooperati	nd check for all v agreement to all on.	olunteers in the	WSB program.	
Signature of applicant:		Date:				





