

WALKING SCHOOL BUS "Driver" Application



Application for Walking School Bus driver:

Name:

First Middle Last

Age: _____ Gender: _____ Date of Birth: _____

Social Security # (if background check is required) _____

Local Address:

Street City State

Home phone: _____ Work phone: _____ Cell phone: _____

Email: _____

Please list brief summary of experience with children _____

Walking School Bus program starts (Day) (Month) (Date) and ends (Day) (Month) (Date).
Please list any dates unavailable:

Please check the times you would be available to walk children to school:

Mornings (available from 8:00a.m.-9:00 a.m.)

___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday

Walking School Bus volunteers are required to attend a program orientation meeting. Please select **one** orientation training you prefer. The training will be held at the Columbia Public Library.

_____ (Date) (Time) _____ (Date) (Time)
_____ (Date) (Time) _____ (Date) (Time)

We will be completing a background check on all volunteers for the Walking School Bus program. Signing this form indicates your approval of the process. Thank you for your cooperation.

Signature of Applicant

Date