Walking School Bus Routes Leader Volunteer Form

Are you willing to volunteer with the [SCHOOL] Walking School Bus (WSB)? If yes, please complete the questions below and return it to [NAME AND LOCATION]. Thank you!

1. Please provide the name(s) of the volunteer(s) and their contact details.

|  |  |  |
| --- | --- | --- |
|  | Volunteer 1 | Volunteer 2 |
| Name |  |  |
| Phone |  |  |
| Email |  |  |

2. Please pick which day(s) the volunteers would be able to escort a WSB.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Volunteer 1 | | | | Volunteer 2 | | | |
| 1st [DAY] | 2nd [DAY] | 3rd [DAY] | 4th [DAY] | 1st [DAY] | 2nd [DAY] | 3rd [DAY] | 4th [DAY] |
| Mornings or Afternoon |  |  |  |  |  |  |  |  |
| Please list any dates you can NOT volunteer |  | | | |  | | | |

3. If you are unable to commit to one regular walking day a month throughout the school year, but are interested in a specific date please indicate which date you can commit to volunteering.

|  |  |
| --- | --- |
|  | Please list the actual dates. |
| Volunteer 1 |  |
| Volunteer 2 |  |

4. Please check this box if you would like to be a back-up volunteer but are unable to commit to any day at this point.

5. Volunteer Commitment

I agree to be a volunteer WSB Route Leader along the recommended route to school. If I should be unable to make any commitments, I agree to contact [NAME] at least two (2) school days beforehand or will arrange for a substitute volunteer from the approved list. I agree to follow the safety rules of the WSB program during my role as a volunteer.

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_