## Operation Halo Shield – School Sign-Up Form



Protecting Schools. Empowering Veterans. Building Safer Communities.

9 5	chool Information	
•	School Name:	
•	District Name:	
•	School Address:	
•	City: State: ZIP:	
•	School Website:	
•	Primary Contact Name:	
•	Title/Role:	
•	Phone Number:	
•	Email Address:	
<u> </u>	ecurity Needs & Preferences	
•	☐ Unarmed Veteran Presence	
•	$\square$ Armed Veteran Presence (subject to local laws and district approval)	
•	$\square$ Volunteer Ambassador Program (community engagement, non-security role	)
•	□ Campus Safety Assessment Only (no personnel deployment yet)	
Prefe	erred Start Date:	
Hou	s of Coverage Needed:	
□ Full School Day		
☐ Morning Arrival Only		
□ Afternoon Dismissal Only		
□ Special Events Only		
□ Other:		

⊗ Additional Notes or Requests
Please describe any specific concerns, protocols, or requests related to your campus security needs:
✓ Authorization
By signing below, I confirm that I am an authorized representative of the above school or district and wish to initiate contact with Operation Halo Shield for potential services.
Signature:
Printed Name:
Date:
Submit Your Form
Please email this completed form to: info@operationhaloshield.org
Or submit online at: