

**Annual Wisconsin School Bus Driver's Safety Competition
Contestant Biographical Information – Used during the event by the MC**

District or Contractor Name: _____ Contestant # _____
(To be assigned by WSBA)

Please answer the following questionnaire.

Name: _____ Age: _____ Male Female

Home City: _____

Number of years as a bus driver: _____ Years Accident Free: _____

Spouse: _____ Number of Children: _____ Number of Grandchildren: _____

Hobbies & Interests:

Is this your first safety competition? YES NO Number of competitions competed in: _____

Awards/Recognition: _____

Comments from Employer:

Why do you like being a professional school bus driver (something we can announce on the PA system)?
