

PARENT CHAPERONE APPLICATION FORM

Please read carefully:

The number of chaperones for field trips and major trips will be at a ratio of 1 chaperone per 10 students. Preference for one parent chaperone spot will be given to an individual that is skilled in the medical field; i.e. nursing, E.M.T., P.A., nurse practitioner.

The (circle one) band, concert choir, orchestra is traveling to

on (dates)

Name of director: _____

Staff member(s) (if known at this time): _____

Total number of parent chaperones for the trip: _____

This application is due to the director by (date): _____

Notification will be by phone or letter on or before (date): _____

Name

Home Phone

Address

Occupation

Student's Name

Work Phone

Email Address

What experiences have you had working with large groups?

Have you served as a chaperone before? When and where?

What special services or personal contributions would you be able to offer the trip?
(i.e. photography, medical attention, etc.)

Do you smoke?_____If yes, would you find it difficult to abstain from
smoking while accompanying the group? _____

Drinking alcohol during the trip is not allowed by any chaperone. Would you find it
difficult to abstain from drinking while accompanying the group? _____

Please explain why you would like to accompany the (circle one) band, concert choir,
orchestra on the trip.

Please list the areas of the world in which you have traveled.

Describe how you would handle the following situations:

1. A student is found smoking in the privacy of his/her hotel room.

2. You are doing bed check and found one student not in their room.

3. A group of students return from an independent outing. You greet them and smell alcohol – the student with the odor is not your child; however, your child is in the group.

Thank you for your cooperation in this difficult selection process. Your interest and support of the program by way of application for chaperone is greatly appreciated.

Signature