

AUSTINTOWN FITCH BAND CHAPERONE APPLICATION

This application is to be filled out by parents who are seeking to chaperone during the 2016-2017 school year. Each parent must fill out a separate application.

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

Main Phone: \_\_\_\_\_ Ok to receive texts? Y or N

Secondary Phone: \_\_\_\_\_ Ok to receive texts? Y or N

Street Address: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Special Training/Skills: \_\_\_ CDL \_\_\_ RN \_\_\_ CPR Certified \_\_\_ First Aid Certified

\_\_\_ Other, please explain: \_\_\_\_\_

(Please attach a copy of any CPR, First Aid or other relevant Certifications)

Grade level(s) & name(s) of child(ren) in band: \_\_\_\_\_

\_\_\_\_\_

1) Attach a copy of your FBI & BCI background checks to this form. (Required to be a Chaperone)

2) Work at least 1 football concession & have this form signed by the Activities Vice President

I \_\_\_\_\_ verify that the above has worked at least 1 football concessions in the 2016-2017 school year.

\_\_\_\_\_

Activities Vice President.

Date

3) Read over and sign that you have read the chaperone rules & duties.

I have read & understand & agree to follow & uphold the chaperone rules & duties.

\_\_\_\_\_

\_\_\_\_\_

Signature.

Date

Chaperones operate under the guidance and authority of the High School Administration, Instrumental Music Staff, and the rules and regulations of Austintown Fitch High School.

The number of chaperones selected will depend on the destination. Please be aware that everyone cannot go and the main incentive to volunteer is NOT to chaperone a trip, but for the overall care and well being of the students in the Austintown Fitch Band.

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

Date \_\_\_\_\_

Please return this application to the The Head Chaperone.