

FIELD TRIP VOLUNTEER CHAPERONE APPLICATION

Trip Destination: _____

Date of Trip: _____

Name: _____

Address: _____

Telephone Number: _____

Please provide the following information:

- Emergency contact numbers:

_____	_____
<i>Name</i>	<i>Telephone</i>

_____	_____
<i>Name</i>	<i>Telephone</i>

- Any medical conditions which the sponsor of the trip should be made aware: _____

Have you ever been convicted (as guilty or not innocent) of a violation of law other than a minor traffic violation? No _____ Yes _____ If yes, _____

Have you been convicted (as guilty or not innocent, or a determination of abuse or neglect founded against you) of any offense involving moral turpitude, the sexual molestation, physical or sexual abuse or rape of a child, or any like offense against an adult: No _____ Yes _____

As a chaperone for a Patrick County Public School Field Trip, I agree to follow the Patrick County Public School System’s policies and school guidelines. I understand my services support the Patrick County school division’s commitment to academic excellence while maintaining a safe and effective learning environment for all students.

Chaperone Signature

Date

Adopted: December 8, 2004