

Chaperone Application – 2018 WRHS Band Trip

Due Thursday, Feb. 16

Please provide the following information (if necessary, use the back of this form):

Full Name _____ Gender _____

Current Street Address _____

City/State/Zip Code _____

Home Phone # _____ Mobile Phone # _____

Email address _____

Child's name _____ Child's CURRENT year in school _____

Have you traveled with the band or other school organization in the past (yes/no)? _____

If yes, what group/when? _____

Also, if yes, list one thing you liked and disliked about your previous trip experience _____

What skill do you possess to assist on the trip (i.e. doctor, nurse, EMT, teacher, law enforcement, etc)? _____

Check 'yes' if you agree with the following statements:

1. If selected, I understand there will be a WRHS Police background check for me. ___yes ___no
2. I am willing to make the necessary payments to secure a place on this trip. ___yes ___no
3. I understand this is not a trip for me. It is a trip for the students. My function is to support that in any and every way I can. ___yes ___no
4. I will unconditionally support the policies, rules and trip plan of the directors. ___yes ___no
5. I will perform my assigned duties and support the directors' travel plan. ___yes ___no
6. I will follow instructions whether they are planned ahead of time or altered while traveling. ___yes ___no
7. I understand all rules for the students are also applicable to me. ___yes ___no
8. I have or will get a smart phone **WITH** a texting plan and have joined or will join the band Facebook group. ___yes ___no
9. I understand all children are not like mine. Some will demonstrate different behaviors. I am willing to be consistent, flexible, understanding, and aware of behavioral expectations as set forth by the directors. ___yes ___no
10. I enjoy the company of approximately 200 teenagers. ___yes ___no

Signature _____ Date _____