

Chaperone Application

Name: _____
(last) (first) (middle)

Address: _____
(street) (city) (state) (zip code)

Phone: _____ Cell: _____

Email: _____

Social Security: _____

Date of Birth: _____

Valid Driver's License State & Number: _____

Two closest major airports: _____
.....

Dates Available: _____

Referred By: _____

Have you ever been accused or convicted of a crime?

YES _____ NO _____

Have you ever been accused or convicted of mishandling or misappropriating funds?

YES _____ NO _____
.....

Emergency Contact: _____

Address: _____
(street) (city) (state) (zip code)

Phone: _____ Cell: _____

Relationship _____



Education & Experience

Name of School Dates Attended Major Course of Study Diploma/Degree

- 1.
- 2.
- 3.

Other educational experience/special skills (i.e. first aid, CPR, sign language):

Describe experience working with people with developmental disabilities:

Describe travel experience: _____

Volunteer experience: _____

Employment History

Current Employer: _____

Supervisor: _____

Job Title: _____

Brief Job Description: _____

Employment Start: _____ End: _____

Address: _____
(street) (city) (state) (zip code)

Phone: _____

Reason For Leaving: _____

Previous Employer: _____

Supervisor: _____

Job Title: _____

Brief Job Description: _____

Employment Start: _____ End: _____

Address: _____
(street) (city) (state) (zip code)

Phone: _____

Reason For Leaving: _____

Previous Employer: _____

Supervisor: _____

Job Title: _____

Brief Job Description: _____

Employment Start: _____ End: _____

Address: _____
(street) (city) (state) (zip code)

Phone: _____

Reason For Leaving: _____

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References

Please list three people not related to you whom you have known for at least 1 year:

Name	Address	Relationship	Phone
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1.

2.

3.

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I state that all of the information provided above is true and accurate to the best of my knowledge. I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts is a Federal crime punishable by law.

Signature _____ Date: _____

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Office use only

Date Received:

Contact: