

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

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

Telephone Numbers: \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Birthdate: \_\_\_\_\_

Sex: Male: \_\_\_\_\_ Female: \_\_\_\_\_

Marital Status: Married: \_\_\_\_\_ Single: \_\_\_\_\_

Number of Children: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Employment: \_\_\_\_\_

Please list any previous experience as a chaperone/volunteer or any youth-related work:

References: Three references other than family members are required with a complete mailing address and phone number for each.

\_\_\_\_\_ Date \_\_\_\_\_ Applicant Signature

School: \_\_\_\_\_ School Year: \_\_\_\_\_

Action taken by Principal: Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_ Principal Signature

Remarks: \_\_\_\_\_

Action taken by Academic Officer: Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_ Academic Officer Signature

Remarks: \_\_\_\_\_  
Chaperones/Volunteers must be approved by the Academic Officer on a yearly basis.