

CHAPERON APPLICATION

Activity: **Class Trip to Washington, DC**

Date: Departure: Monday April 23, 2018
Return: Friday, April 27, 2018

Name: _____ Daytime Phone: _____

Relationship to student: Parent Step-Parent Other: _____

Why do you want to participate in this activity as a chaperon?

Please explain any health concerns that may limit activity.

Qualifications: Please explain any special experience or training you have had that would be a benefit to the group, (Scout leader, basketball coach, first aid, CPR or any other medical training). Note that any chaperons for an overnight activity must have had the Child Protection Class mandated by the Archdiocese of Cincinnati (Virtus) as well as background check with Selection.com.

Have you completed Virtus and Selection.com and current with your bulletins?

YES NO

*Note: Chaperons are required to be available for student supervision at all times during the trip. As such, smoking and drinking are prohibited.

Signature: _____ Date: _____

**COMPLETION OF THIS FORM DOES NOT GUARANTEE SELECTION.
CHAPERONS WILL BE ANNOUNCED**