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| OFFICE USE ONLY |
| Foxboro Recreation Washington D.C. Chaperone Application |
| Applicant Information |
|  Name of Applicant: |  Date of Birth \ \ |
|  Address: |
|  City: |  State:  |  Zip Code: |
|  Phone: | Email:  |
|  Name(s) of Student(s) Attending the Trip: |
|  Relationship to Student(s): |
| Eligibility Requirements - *Please answer all the following questions.* |
|  Are you available for the full duration of the trip? | Yes | No |
| If No, please explain: |
|  Have you chaperoned school field trips before? | Yes | No |
| If Yes, please provide details: |
| Do you have experience working with middle-school age children? | Yes | No |
| If Yes, please provide details: |
| Are you currently certified in first aid or CPR? | Yes | No |
| If Yes, please provide details: |
| References |
| Name: | Relationship: | Phone: |
| Name: | Relationship: | Phone: |
| Additional Information: *Please provide brief answers to the following questions* |
| Why are you interested in serving as a chaperone? |
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| What skills, experience, or qualities do you bring that would benefit this trip? |
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| Agreement *– By signing below, I acknowledge that: I am willing to undergo a background check and any required training sessions. I understand and accept the responsibilities of serving as a chaperone. I will follow all trip rules, policies and guidelines to ensure the safety and enjoyment of all participants.* |
|  Name: |  Date: |
|  Signature: |
| Submission Instructions *– Please return the complete application by January 31st to Kristen Pellerin, at the Recreation Office 80 South Street or by email at* *kpellerin@foxboroughma.gov**. Thank you for your interest in supporting this unforgettable experience for our students. Final selection of chaperones will be made by the Recreation Director and Human Services Director. You will be contacted on or before February 3rd* |