

Chaperone Volunteer Form for Parents: (2 pages)

Please complete and submit this form directly to the **North Office at GDRMS no later than Thursday, November 15, 2007** if you are interested in volunteering as a parent chaperone for the trip to Washington D. C. June 9 through 12, 2008.

In order to be considered for service as a chaperone, you must also have:

- A C. O. R. I. check completed with an approval date that falls after June 12, 2005 on file. If the date is before June 12, 2005, you must file for a new CORI Check by November 15, 2007. You must check this date with school administration.
- Your child must be duly registered for this trip with Capital Tours by December 8, 2007.

Your Personal Information (All Information is Required)

Your Name: _____ Your Gender: M F

Your Child's Name: _____

Your Child's Home Room Teacher: _____

Your e – mail address: _____

Best Phone # for contact during a typical school day: _____

The cellular phone number for the phone that you will carry with you during the DC Trip: _____ . Does that cellular phone have text messaging? YES NO

If no cell phone, check this box.¹

Please circle the statement that describes your interest the best. If asked to chaperone, which would you prefer?

I would prefer to chaperone in a group / bus / hotel with my own child.

I would prefer to chaperone in a different group / bus / hotel from my child.

I have no particular preference and would be just as happy either way.

Also: I am a registered nurse (RN). License Number: _____

¹ A cellular phone with text messaging is the preferred method for chaperone contact during the D. C. Trip. A lack of a phone will not necessarily cause you to be excluded from chaperoning this trip.

Confidentiality Agreement: (Name and Signature with date in this section is required.)

If asked to chaperone, you will have access to medical information that must be kept strictly confidential. Please sign this confidentiality agreement in order to be considered as a chaperone. I, (print name) _____, agree to maintain strict confidentiality with all personal information about students or adults involved in the D. C. Trip. I will return any papers containing personal information at the end of the trip so that they may be destroyed by the school administration.

Your signature: _____ Date: _____

Important Expectations for your participation in our school event: (Please read carefully)

During the DC Trip, as with any other school activity, adults that are involved must abide by and model the same behavioral norms that we expect from our students at all times.

There must be **absolutely no use of tobacco products in the presence of students** or in our travel and / or lodging accommodations. As a chaperone, you may be called upon at any hour to attend to the health or safety of students. **There must be absolutely no consumption of alcoholic beverages at any time in the hours before our departure or during our trip, both day and night.**

Serving as a chaperone for a school trip is work. In order to lighten the load, the duty of nightly room checks and morning wake-up checks may be divided among the adults in each hotel. However, at no time will any chaperone be considered "off-duty". No chaperones should make personal plans in conjunction with the trip such as meeting friends, shopping, leaving the group, or going out for a private activity.

Your Declaration of Understanding and Agreement to Follow all of these rules and expectations: (Required)

I (print name) _____ have read and understand every item on both pages of this chaperone volunteer form. I agree with the need for all of these provisions and wholly support their use in the screening of potential chaperones. I will follow all of them if I am asked to chaperone.

Your Signature: _____ Date: _____

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