

**FSSS POLAR BEAR BAND  
CHAPERONE APPLICATION 2020-2021**

**PLEASE COMPLETE THIS FORM AND THE BACKGROUND CHECK AUTHORIZATION FORM IF YOU ARE INTERESTED IN BEING A CHAPERONE ON THE BUSES, AT BAND CAMP, OR AT OTHER ACTIVITIES.**

**NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Business Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**EMAIL Address:** \_\_\_\_\_ **Social Security #:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **GENDER:** (circle one) M F

**Employer:** \_\_\_\_\_

**Employer Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Community affiliations (Clubs, Service Organizations, etc.):**  
\_\_\_\_\_

**Previous volunteer/chaperone experience:**  
\_\_\_\_\_

**Special Certification (i.e. CPR, Medical, etc.):**  
\_\_\_\_\_

Please complete this form only if you are interested in being a band chaperone

**Do you have a valid driver's license:** YES \_\_\_\_\_ NO \_\_\_\_\_

**Driver's License #** \_\_\_\_\_ **State issued by:** \_\_\_\_\_

**Have you ever been convicted of or plead guilty to any crime(s):** YES \_\_\_\_\_ NO \_\_\_\_\_

**If yes, describe each in full:** \_\_\_\_\_

**Have you ever been refused participation in any other youth programs:** YES \_\_\_\_\_ NO \_\_\_\_\_

**If yes, explain:** \_\_\_\_\_  
\_\_\_\_\_

**Please list three references, at least one of which has knowledge of your participation as a volunteer/chaperone in a youth program:**

**NAME** \_\_\_\_\_ **PHONE** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

As a condition of chaperoning, I give permission for the Polar Bear Band Booster to conduct a background check on me, which may include a review of sex offender registries, child abuse and criminal history records. I understand that if appointed, my position is conditional upon the Board receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability the Boosters, officers, and volunteers thereof, or any other person or organization that may provide such information. I also understand that, regardless of previous appointments, the Boosters are not obligated to appoint me to a chaperone position and said appointment does not guarantee that I will serve as a chaperone for each activity. If appointed, I understand that, prior to the expiration of my term, I am subject to removal by the Board of Directors for violation of Booster policies or principles. Chaperone term is for one year (June 1 – May 31).

**A COPY OF A VALID GOVERNMENT ISSUED PHOTO IDENTIFICATION MUST BE ATTACHED**

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

**Applicant Name (please print of type)** \_\_\_\_\_

**BOOSTER USE ONLY**  
Background check completed by \_\_\_\_\_  
Date \_\_\_\_\_  
System(s) used for background check  
\_\_\_\_ Sex Offender Registry  
\_\_\_\_ Criminal History Records