



4607 Cleveland Ave. NW
Canton, OH 44709
(330) 455-8111

Chaperone Application

(Please return this form, signed and dated, with a copy of your driver's license and COVID vaccination card)

Personal Information

First Name: _____ D.O.B. _____

Middle Name: _____

Last Name: _____

Street Address: _____

Phone Number: _____ Email: _____

Have you been a resident of Ohio for the past 5 years? Yes _____ No _____

Have you been convicted of or pleaded no contest to a felony? Yes _____ No _____

If yes, please explain: _____

PLEASE PROVIDE A COPY OF YOUR MOST RECENT BCI

Have you received the COVID-19 vaccination? Yes _____ No _____

If yes, please indicate the dates of your vaccinations: 1st _____ 2nd _____ Booster _____

Please list any certifications or trainings relevant to chaperoning with us

Present Employer

Employer Name: _____

Street Address: _____

Phone: _____ Email: _____

Position/ Title: _____ From: _____ To: _____

Responsibilities: _____

May we contact your present employer? _____

References

Name/ Title _____

Address _____ Phone: _____

How long have you know this person? _____ Relationship to you: _____

Name/ Title _____

Address _____ Phone: _____

How long have you know this person? _____ Relationship to you: _____

Name/ Title _____

Address _____ Phone: _____

How long have you know this person? _____ Relationship to you: _____

I certify that false information may be grounds for immediate termination of chaperone experience at any point. I authorize the verification of any all information listed above.

Signature _____ Date _____