



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

Chaperone Application

(Please print clearly in black or blue ink. Please make sure you sign and date this form.)

Personal Information

First Name: _____

D.O.B. _____

Middle Name: _____

Last Name: _____

Street Address: _____

Phone Number: _____

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

Please list any certifications or trainings relevant to working

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 _____