

Lexington Singers Children's Choir Chaperone Application

Name:		Address:			
Email:		Home Phone:			
Will you have a cell phone available while chaperoning? <i>Yes</i> <i>No</i>		Cell Phone		Texting available? <i>Yes</i> <i>No</i>	
Please provide the following, in the event your personal vehicle is needed for transport of LSCC Singers. KY Driver's Lic #					
Auto Insurance Co:		Policy#:			
Vehicle #1 Make:		Model:		Color:	
License Plate:		Number of shoulder seat belts available for LSCC Singers (excluding driver's)?			
Vehicle #2 Make:		Model:		Color:	
License Plate:		Number of shoulder seat belts available for LSCC Singers (excluding driver's)?			
I am credentialed as a health care professional.		<i>Yes</i> <i>No</i>		If yes, type:	
I am certified in First-Aid.		<i>Yes</i> <i>No</i>		If yes, certification expiration date:	
I am certified in CPR.		<i>Yes</i> <i>No</i>		If yes, certification expiration date:	
Choose One	I have obtained a Kentucky Court of Justice Criminal Record Report on myself and have submitted the report to the LSCC Director.				
	Signature:		Date of Report:		
I submitted a Kentucky Court of Justice Criminal Record Report on myself to the LSCC Director for the February 2009 LSCC Washington, DC trip.					
Signature:					
Reports are \$15 as of Feb 2011 and may be obtained by phone, online or in person. Administrative Office of the Courts, 100 Millcreek Park, Frankfort.					
Drive-Thru Hrs: 8-4:30 M-F (except State holidays) 800-928-6381 or 502-573-1682 http://courts.ky.gov/aoc/courtservices/recordsandstatistics/records.htm					
List all LSCC events you have previously chaperoned, include Month/Year:					
I have professional training or experience working with youth, beyond that of a typical parent.		<i>Yes</i> <i>No</i>		If so, please briefly describe .	
Please briefly describe why you wish to serve as a volunteer chaperone for the LSCC Chamber Choir.					
If there is anything else you wish to include in your application, please feel free to include it here.					

Thank you for your interest in serving as a volunteer chaperone for the LSCC Chamber Choir. Please read and sign the back side.

Chaperone Information:

- ✓ Choir members and chaperones are to be well-behaved. If you have a discipline problem with a child, please contact the Director, Dr. Lori Hetzel. She will handle all disciplinary actions and the students will be held accountable for their behavior.
- ✓ Chaperones will travel with and accompany their assigned Singers during all scheduled activities.
- ✓ Chaperones will make sure that all Singers are at the appointed place on time.
- ✓ Overnight chaperones must assume a 24-hour responsibility for their assigned Singers from departure until returned to their parents.
- ✓ Overnight chaperones may not retire until all Singers are in their rooms, all visiting between rooms has stopped, and the chaperones are sure the Singers are secure.
- ✓ Chaperones will assist singers with prescribed medications as directed, in writing, by the child's parent(s).
- ✓ Chaperones are to keep a positive attitude throughout the trip, working to ensure all children in their charge are having a positive experience and that our hosts, hotels and restaurants are pleased to have had LSCC at their event or venue.
- ✓ Chaperones will communicate with each other frequently to ensure safety and security of all singers, especially when walking busy city streets or moving through crowded venues. Chaperones will agree in advance who is "in the lead", "in the middle of the pack" and who is "pulling up the rear" to make sure all Singers are near an adult LSCC staff or chaperone and that stragglers are accompanied at all times.
- ✓ Chaperones will agree in advance who is responsible for keeping track of music, wardrobe maintenance supplies, first aid supplies, snacks and beverages and any other materials as required by the director.
- ✓ Enjoy the kids!

If selected by the Director to be a chaperone for this event/trip I agree to abide by rules established by the Director. If called upon I will forgo my own entertainment pleasure of seeing the performance(s) and/or conducting my own personal photography or videography of my child or the choir in order to maintain the safety, security and professionalism of the singers and the esteemed reputation of the LSCC. I also agree to allow my cell phone number to be distributed to all persons associated with the LSCC. I also understand that this is a volunteer position and have no expectation of compensation for my time or travel expenses. I understand that traveling with a large group can be mentally and physically demanding and I do not have any physical or mental limitations that would interfere with my ability to serve as a chaperone and fulfill my responsibilities. I verify that the information on this application is correct and appreciate your consideration.

Signature	Date
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