



Chaperone Application

Name: _____
(As it appears on your Driver's License)

Name you go by: _____

Address: _____
(street) (city) (state) (zip code)

Cell Phone: _____

Email: _____

Social Security: _____

Date of Birth: _____

Driver's License State & Number: _____

Airport: Portland Seattle Denver



Dates Available: _____

Referred By: _____

Have you ever been accused or convicted of a crime?

YES _____ NO _____

Have you ever been accused or convicted of mishandling or misappropriating funds?

YES _____ NO _____

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Emergency Contact: _____

Address: _____

(street) (city) (state) (zip code)

Phone: _____

Relationship _____

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Highest Level of Education

Name of School:

Dates Attended:

Major Course of Study:

Diploma/Degree:

Other educational experience/special skills (i.e. first aid, CPR, sign language):

Describe your experience working with people with developmental disabilities:

Describe your travel experience:

Describe your volunteer experience:

Have you ever volunteered for another special needs travel company or have you ever provided travel assistance services for people with intellectual and developmental disabilities through your job or personally? Please explain:



Employment History

Current Employer: _____

Supervisor: _____

Job Title: _____

Brief Job Description: _____

Employment

Start: _____ End: _____

Address: _____

(street) (city) (state) (zip code)

Phone: _____

Reason For Leaving: _____

Previous Employer: _____

Supervisor: _____

Job Title: _____

Brief Job Description: _____

Employment

Start: _____ End: _____

Address: _____

(street) (city) (state) (zip code)

Phone: _____

Reason For Leaving: _____



References

Please list three **professional** references with whom you have known for at least 1 year:

Name: _____

Phone: _____

Relationship: _____

Name: _____

Phone: _____

Relationship: _____

Name: _____

Phone: _____

Relationship: _____



I state that all of the information provided above is true and accurate to the best of my knowledge. I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts is a Federal crime punishable by law.

Print Name: _____

Signature: _____

Date: _____

How did you hear about us: _____

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You will receive a T-Shirt on the trip.

Please indicate your size: S M L XL 2XL 3XL

S M L XL 2XL 3XL

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