



Arlington  
Public  
Schools

# VOLUNTEER APPLICATION / Chaperone for field trip

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Home Address: \_\_\_\_\_

Languages spoken other than English: \_\_\_\_\_

Do you have students enrolled in APS?  Yes  No

If yes, please list:

Student Name, Grade, School: \_\_\_\_\_

Student Name, Grade, School: \_\_\_\_\_

Student Name, Grade, School: \_\_\_\_\_

In case of emergency, please contact:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

I agree to follow all of the school district's rules and regulations and to participate in any required orientation and training. I agree to respect the confidential nature of all student information. In the event that I violate any of these requirements, or if it is determined to be otherwise in the best interest of the school, I understand that my volunteer service may be terminated by Arlington Public Schools. I authorize the school system to check all state registries of founded cases of child abuse or neglect. I also authorize all references listed to provide any pertinent information they may have, and hereby release all parties from any liability for furnishing this information. I certify that I have made true, correct and complete answers and statements on this application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### For Office Use Only

Date Received: \_\_\_\_\_

Date Verified: \_\_\_\_\_

Date of Orientation: \_\_\_\_\_

Date Added to APS Database: \_\_\_\_\_