PERSONAL INFORMATION:

Volunteer/Chaperone Name:	
Student's Name:	Relationship to Student:
Address:	
City, State, Zip:	
Home Ph#:	Cell Ph#:
Occupation:	
If married, spouse's name:	Birthdate:
In what areas would you like to volunteer your services?	
Do you have any health problems that may put children you interact with or under your care at risk?	
Have you ever been a perpetrator in a case of child abuse/neglect? If yes, please explain:	
Have you ever been convicted of a felony? () Yes () No	
REFERENCES	
Personal Character Reference:	Personal Character Reference:
Name:	Name:
Church:	Church:
Address:	Address:
City, State, Zip:	City, State, Zip:
Phone # (day/eve):	Phone # (day/eve):
I certify that the information provided above is true and correct to the best of my knowledge. I understand that as a chaperone, I will be under the instruction of the PHCA staff and will follow through with such instructions to the best of my ability.	
Signature 5-2023	Date Ctatament of Faith []