

Chaperone Packet

Print with Chaperone Application

(For Office Use Only)

School Fiscal Year _____ - _____

School Site : _____

Applicant Name : _____

REQUIRED VERIFICATION

The following items are required from all chaperones:

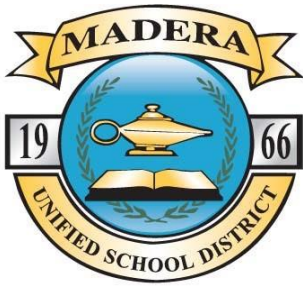
- 1) _____ Chaperone Form signed by the Site Administrator
- 2) _____ Checked Aeries for Red Flags (Court or Restraining Orders) or has a written and signed authorized letter with copy of a valid CA DL/ID from Guardian
- 3) _____ Clearance through Raptor; Initial Date Cleared _____
- 4) _____ Copy of Chaperone's valid California Driver License/ California ID (Attach)

CHAPERONE STATUS:

_____ Field Trip (Supervised, single day/event)
_____ Classroom Assistant (single day, non-recurring,)
_____ Other _____

Request Status: _____ Approved _____ Denied

Site Administrator Signature: _____



MADERA UNIFIED SCHOOL DISTRICT

CHAPERONE APPLICATION FORM

All persons must complete this application form before they are permitted to chaperone in the schools or at school activities of the Madera Unified School District ("District").

Background Information:

Legal Name: _____
First Name Middle Initial Last Name Other

Home Address: _____
Street Apartment # City/State Zip

Contact Information: _____
Home Phone Work Phone Alternate Phone Email address

Male ☐ Female ☐ Nonbinary ☐ Date of Birth _____ CDL/CID # _____

Chaperone Information:

I am interested in chaperoning at (School Site) _____

- ☐ Field Trip Chaperone (under the direct supervision of a teacher)
- ☐ Classroom Assistant (on a non-recurring basis)
- ☐ Other (Please indicate event): _____

Do you have a child/children attending this school? Yes ☐ No ☐

Student Name _____ Teacher _____

Are you currently an employee of the District? Yes ☐ No ☐

Have you ever been convicted of a criminal felony or misdemeanor? Yes ☐ No ☐

If yes, please give date(s) and explanation: _____

I agree to abide by all state and federal laws and all policies and regulations of the Governing Board of the Madera Unified School District.

I agree to donate my services to the District without expectation of compensation or reimbursement. I understand that if I have contact with students for a significant period of time or on a recurring basis, I will be required to complete a Volunteer packet and provide my fingerprints for the purpose of obtaining a criminal record summary from the California State Department of Justice.

Chaperone Signature _____ Date _____

Site Administrator _____ Date _____

Administrators are responsible to ensure Raptor Clearance.

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Chaperone information (name, date of birth, signature and photo ID) verified by School Administration:

Processed by _____ Date _____ Department/Site _____

REV. 4/2024 av