

**SMYRNA SCHOOL DISTRICT  
CHAPERONE/VOLUNTEER APPLICATION**

**5139F**

Personal Information							
APPLICANT'S NAME				Date of Application			
Driver's License:				School:			
Home Address:							
City:							
Home Phone:		State:		Zip:			
Email Address:							
Name of child attending school							
Relationship to student							
Emergency Contact Name (s) & Phone Number							
Personal Data							
Place of Birth		Age		Gender			
Have you ever been convicted of a felony or misdemeanor (other than minor traffic violation?)				Yes		No	
If YES, please explain:							
Mention any skills or qualifications which you believe qualify you for the position:							
References							

**A. Two references (Name & complete address) who can testify as to your character:**

1.
2.

Thank you for your interest in volunteering to assist with one or more of the many activities sponsored by our District's schools. Chaperones and volunteers play a very important part in the success of our schools, but there are District expectations that must be adhered to, this will insure the safety of our students.

1. School rules apply to all school activities whether they occur at school, on or off school property and beyond normal school hours.
2. Chaperones and volunteers are expected to model the appropriate behavior including appropriate dress, no use of profanity, no smoking, and no consumption of alcohol.

I hereby certify that the above statements are true and correct to the best of my knowledge, and hereby agree that any deliberate falsification of facts will be grounds for refusal or revocation of my permission to work as a chaperone or volunteer within the school. I understand that no person shall be permitted to chaperone or volunteer without the approval of the building Principal and the Superintendent I have read the District's expectations of chaperones/volunteers listed above. I agree that if I am approved as a chaperone/volunteer, that I will abide by these expectations

Signed:	
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