



Holy Trinity Greek Orthodox Church of Greater Orlando

1217 Trinity Woods Lane

Maitland, Florida 32751

Phone 407.331.4687 Fax 407.331.4898

Chaperone Registration Form

This form is required for field trips, retreats, conferences, over-night stays. The opportunity to work with our youth is a position of privilege that may only be by those individuals who demonstrate behavior consistent with this responsibility. **Applicants must have previously completed a Volunteer Form and been approved by the Education, Culture, and Youth Diakonia Committee** prior to completing this form and as a prerequisite to being eligible for consideration for approval as a chaperone.

Chaperone Responsibilities: specific instructions to be provided by group for when you are chaperoning.

1. Chaperones will be assigned small groups of children for whom they will be responsible at all times. Chaperones will know the whereabouts of each child at all times. Children must never go anywhere unsupervised. Chaperones will stay with the same group of children throughout the entire field trip. Chaperones must accompany children to the restrooms. Individual chaperones must never be alone with only one child.
2. Chaperones (and children) must be at the departure location and ready to leave at the designated time.
3. Chaperones will be assigned children for whom they will be responsible. The assignment of children is not subject to review, negotiation or change. The ministry advisor in charge of the field trip will maintain emergency, medical and other information for all children on the trip. Chaperones must be aware of any medical issues with the children in their care.
4. Chaperones must have a cellular phone and will provide their cellular phone number to the ministry advisor in charge of the field trip.
5. Chaperones will cooperate with and otherwise support the ministry advisor in charge of the field trip.

I have read, understand and agree to abide by the School's Chaperone Responsibilities for Field Trips (see below).

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

DOB: (mm/dd/yyyy) ____/____/____

I am a member in good standing at Holy Trinity Greek Orthodox Church: Yes or No

I have an approved Volunteer Form on file with Holy Trinity Greek Orthodox Church: Yes or No

I am over 25 years of age: Yes or No

Have you been convicted of a crime? Yes or No

If Yes, what crime, when and where (date of crime and penalty imposed)?

The information contained in this application is correct to the best of my knowledge. I understand that it is my responsibility to comply fully with the Chaperone Responsibilities of the Holy Trinity Greek Orthodox Church. I understand that these responsibilities include submitting to a criminal background check. **I have read and agree to all terms of Holy Trinity Greek Orthodox Church Chaperone Registration Form.**

Signature: _____ Date: _____

Name: _____

[Please Print]

Signature of Ministry Leader: _____ Date: _____

Please select one: Recommend strongly Recommend with reservation Do not recommend

E.C.Y.D. Committee Approval: Yes or No

Approval Date: _____

E.C.Y.D. Committee Signature: _____

Signature of Parish Priest: _____ Date: _____