


Pearl Harbor Christian Academy
Volunteer/Chaperone Form

PERSONAL INFORMATION:

| | |
|----------------------------------|--------------------------------|
| Name: _____ | |
| Student's Name: _____ | Relationship to Student: _____ |
| Address: _____ | |
| City, State, Zip: _____ | |
| Home Ph#: _____ | Work Ph#: _____ |
| Occupation: _____ | SSN#: _____ |
| If married, spouse's name: _____ | Birthdate: _____ |

DAYS & TIMES AVAILABLE

| DAY | Monday | Tuesday | Wednesday | Thursday | Friday |
|--------------------|--------|---------|-----------|----------|--------|
| Start Time | | | | | |
| Finish Time | | | | | |

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: |
| Name: _____ |
| Church: _____ |
| Address: _____ |
| City, State, Zip: _____ |
| Phone # (day/eve): _____ |

| |
|--------------------------------------|
| Personal Character Reference: |
| Name: _____ |
| Church: _____ |
| Address: _____ |
| City, State, Zip: _____ |
| 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 chaperon, I will be under the instruction of the PHCA staff and will follow through with such instructions to the best of my ability.

Signature

Date