

2012 Kids' Breakaway: Chaperone Application

Office Use Only
 Trak-1 Approved: ___ Yes ___ No
 Approved: ___ Yes ___ No
 Date: _____ By: _____

Chaperone Name: _____ Date of Birth: _____ Gender: M F

Address: _____ City: _____ State: _____ Zip: _____

Present Occupation: _____ Ministry Involvement: _____

Home Phone: () _____ Work Phone: () _____

Cell Phone: () _____ Email: _____

Church Name: _____ City: _____

Have you previously chaperoned at a PennDel Camp? YES NO If yes, what camp and date: _____

Do we have a record of your completed Trak-1 Clearance Form? YES NO
 If no, please attach the completed form with this application. If you are unsure, please call the District Office to verify if it is on file. This is a requirement to participate as a chaperone at Kids' Breakaway.

******If a Trak-1 clearance was run for you prior to 2008, please submit a completed Trak-1 form so that our office may run an updated clearance.******

Please mark appropriate weekend:

- Weekend #1: February 24-26
- Weekend #2: March 2-4
- Weekend #3: March 9-11

Today's Payment:

- \$30 Breakaway Deposit
- \$103 Breakaway Full Payment (postmarked by 2/7)
- \$10 T-shirt (please circle size below)
 (S M L XL XXL XXXL - Adult Sizes)

Please turn in the completed application & Trak-1 with deposit to your church group leader.

APPLICANT'S STATEMENT

Having filed this application as a voluntary chaperone with the PennDel Ministry Network, I consent to have an investigation made as to the conduct of my personal affairs, my moral character, professional reputation, fitness for the ministry and further information as may be received by or reported to the above named District. I agree to give any further information, which may be required in reference to my past history.

I hereby release the PennDel Ministry Network and all providers of information from any liability as a result of furnishing and receiving this information.

Permission is given to PennDel District Ministry Network to use my image in photographs (individual or group) and/or multimedia images and recordings in the best interest of the Ministry Network.

I am willing to abide by all breakaway rules, be given any assignments, be placed in any dorm, and if need be, go beyond the duties of my specific area. As a chaperone, I will submit myself to the Camp Director and prayerfully discharge my assigned duties. I realize this camp is for the children.

Applicant Signature: _____ Date: _____

PERSONAL INFORMATION

List any special medical conditions.

1. _____
2. _____
3. _____
4. _____

Do you have any physical handicaps or conditions that would limit your performance in certain types of activities? YES NO
If yes, please explain.

Have you ever been convicted of a criminal offense (excluding minor traffic violations)? YES NO
If yes, please explain.

Have you ever been accused or convicted of child abuse or molestation? YES NO
If yes, please explain.

Date of last tetanus shot: _____

Health Insurance Company _____ Policy # _____

Doctor's Name _____ Doctor's Phone () _____

PASTORAL REFERENCE (Completed by Senior Pastor or Staff Credential Holder)

Reference Name: _____ Church: _____

Reference Occupation: _____ Are you credentialed with the A/G? YES NO

How long have you been acquainted with the applicant? What is your relationship with the applicant?

Is the applicant a fully devoted follower of Jesus Christ?

To your knowledge, has the applicant ever been convicted of a criminal offense (excluding minor traffic violations)? YES NO
If yes, please explain.

To your knowledge, has the applicant ever been accused or convicted of child abuse or molestation? YES NO
If yes, please explain.

From your experience with the applicant, is there anything that would exempt them from working with children? YES NO
If yes, please explain.

In reference to the applicant, check one of the following statements that best apply:

- I recommend **without reservation** the above named applicant as a chaperone.
- I **do not recommend** the above named applicant as a chaperone.
- I have some reservations and would prefer to talk with the Penn Del Christian Education Director by phone.

Signature: _____ Date: _____

