

# 2018 Kids' Breakaway: Chaperone Application

## OFFICE USE ONLY

PA State Police Report  PA Deot. Human Services   
 FBI Criminal History Yes No If no, written affirmation?

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 (3) background screenings?  YES  NO

*\*\*\*As of the summer of 2015, the state of Pennsylvania requires specific background clearances to be in place for all volunteers (ages 18 and over) supervising children. All Breakaway chaperones will be required to submit copies of these completed clearances to our office in order to be eligible to attend. See your church's children's pastor/leader if you aren't sure of what steps you should take next or visit our website at <http://penndel.org/volunteer-screening-resources>.\*\*\**

### Please mark appropriate weekend:

- Weekend #1: February 23-25
- Weekend #2: March 2-4

### Today's Payment:

- \$30 Breakaway Deposit
- \$119 Breakaway Full Payment
- \$10 T-shirt (please circle size below)  
(S M L XL XXL XXXL - Adult Sizes)

Please turn in the completed application with deposit (and background clearance information) 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. \_\_\_\_\_

Please be sure to complete page two on the backside of this form.

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: \_\_\_\_\_

