



Arlington
Public
Schools

FIELD TRIP VOLUNTEER APPLICATION

Your Name: _____

Phone: _____

E-mail: _____

Please list your child/children enrolled (Enter your School):

Student Name, Teacher: _____

Student Name, Teacher: _____

Student Name, Teacher: _____

Check below if you are interested in serving as a field trip chaperone:

Yes, I would like to serve as a field trip chaperone

In case of emergency while serving as a chaperone, please contact:

Name: _____ Phone Number: _____

Have you ever been convicted of any offense other than a minor traffic violation?

No Yes (If yes, please explain.)

I agree to follow all of the school district's rules and regulations and to participate in any required orientation and training. I agree to respect the confidential nature of all student information. In the event that I violate any of these requirements, or if it is determined to be otherwise in the best interest of the school, I understand that my volunteer service may be terminated by Arlington Public Schools. I authorize the school system to check all state registries of founded cases of child abuse or neglect. I also authorize all references listed to provide any pertinent information they may have, and hereby release all parties from any liability for furnishing this information. I certify that I have made true, correct and complete answers and statements on this application.

Signature: _____ Date: _____

For Office Use Only

Date Received: _____ Date Verified: _____

Date Added to APS Database: _____