



2012 AFS Chaperone Application

Staple **one** photo here.
Print your name and USA on the back.

CANDIDATE'S LEGAL NAME LAST FIRST MIDDLE

____-____-____
SOCIAL SECURITY NUMBER

DISTRICT FIELD STATE

Staff Use Only
App. Rec. _____
Tour Prefer _____

AFS Chaperone Application

Checklist for Application Completeness - Tour Chaperone Application

In order for your application to be complete you must submit the following forms. Incomplete or missing information will result in a processing delay of your application and could affect your chances of being selected for the program of preference.

All candidates must submit:

- One picture (full face, individual portrait)

- Form #1 Candidate Personal Information

- Form #2 Health Form

- Form #3 Participation Agreement

AFS Chaperone Application

Form #1

Applicant's Last Name _____ First Name _____

Street Address _____

City _____ State _____ Zip _____

Home phone _____ Work phone _____ Cell phone _____

E-mail _____

Occupation _____ Employer _____

Emergency Contact Last name _____ First name _____ Relationship _____ Telephone _____

Date of Birth _____ Sex (Male/Female) _____

T-Shirt Size: S M L XL 2XL

Have you ever been convicted of a felony? Yes No

Language proficiency (for languages other than your native language): Proficiency

Language: _____ Years studied _____ Speaking _____

Language: _____ Years studied _____ Speaking _____

1. How long have you been an AFS volunteer and/or staff member? What positions have you held?

- Staff Member _____ position: _____ dates: _____
- Volunteer _____ position: _____ dates: _____
- Host Family _____
Year(s) _____ Host Student Country(s) _____
- Natural Family _____
Year(s) _____ Host Student Country(s) _____
- Other _____

Comments:

AFS Chaperone Application

Form #1

2. Have you ever served as a flight or bus chaperone with AFS or any other organization?

Yes

No

If yes, please describe: _____

3. Are you an AFS returnee or have you had experience living abroad?

Yes _____
Country Program Year

No

4. What qualities and credentials do you have that would make you a good tour chaperone?

5. What experience have you had working with teenagers?

6. What are your reasons for applying to this program and what do you hope to gain from it?

I certify that the foregoing information is correct. Misrepresentation of information could result in disqualification.

Candidate's Signature

Date

**AFS Chaperone
Health Form
Form #2**

1. Do you have any physical restrictions, impairments, or allergies that will limit your walking, sightseeing, or hinder your participation as a chaperone?

Yes If yes, please explain

No

2. Do you have any physical restrictions, impairments, or limitation to sitting on a bus for 8-10 hours, with minimal breaks?

Yes If yes, please explain. How Many hours would you feel comfortable on a bus?

No

3. Do you have any dietary restrictions, including any which are for religious reasons or are self-imposed?

Yes If yes, please explain

No

4. Please give detailed information concerning any medical impairment or disability that could affect your ability as a tour chaperone.

5. Are you currently taking any medication or injections?

Yes If yes, please explain

No

I certify that the foregoing information is correct. Misrepresentation of information could result in disqualification.

Candidate's Signature

Date

AFS Chaperone Participation Agreement Form #3

Fees

Chaperone's participation is covered - including lodging, meals, travel, and on program transportation. Only incidental expenses are not included.

Which trip(s) are you interested in being a Chaperone?

- **Hawaii Expedition:** Feb 18th - 25th Mar 10th - 17th Mar 31st - Apr 7th
- **New York City and Washington D.C.:** Mar 17th - 24th Apr 14th - 21st
- **New York City:** Mar 17th - 21st Apr 14th - 18th
- **California Adventure:** Mar 10th - 17th
- **West Coast:** June 4th - 17th June 7th - 20th
- **East Coast:** June 4th - 17th

I certify that the foregoing information is correct. Misrepresentation of information could result in disqualification.

By signing the below I certify that I understand the financial terms and time off arrangements as outlined above.

CANDIDATE'S FULL NAME (Please print)

CANDIDATE'S SIGNATURE

Return the application to AFS Central States Office

Attention Smitha Pennepalli

Fax: 661-647-6628

E-mail: spennepalli@afs.org

Mail: 2356 University Ave. W - Suite 424 - St. Paul, MN 55114