

Anderson University
Chaperone Application Form for Supervision of Minors
CONFIDENTIAL

This application is to be completed by all those who are not regular faculty or staff members in a position (volunteer or paid) involving the supervision or chaperoning of minors who are unaccompanied by a parent or guardian. The following statements reflect our commitment to provide reasonable safeguards for children, youth, and workers who participate in Anderson University (AU) sponsored activities.

- This is not an employment application. It is being used to help AU provide a safe and secure environment for children and youth who participate in our programs and use our facilities.
- Applicants who have been convicted of or plead guilty to either child sexual or physical abuse cannot serve in any AU sponsored activity or program for children or youth.
- All workers will observe the “more than two” rule. This requires that adults are not alone with children or youth without another person present.
- Chaperones will immediately report any behaviors which seem abusive or inappropriate to their supervisor.

1. Name: _____

Male Female

Home Address: _____

City: _____ State: _____ Zip Code: _____

Dorm/Apartment Name: _____ Room#: _____

Names of Roommates: _____

2. Please indicate the role you are volunteering for: _____

Are you open to hosting/chaperoning for other campus events: No Yes

3. Have you ever been convicted of or pleaded guilty to a crime: No
Yes (*If yes, please explain by attaching a separate page to this form.*)

4. Have you ever been disciplined or terminated from a position for sexual or physical harassment, abuse, or misconduct? No Yes (*If yes, please explain by attaching a separate page to this form.*)

5. A student’s identity must be confirmed with an AU Student ID. Your ID#: _____

6. Please indicate the church(es) you attend: _____

7. List any training, education, or other factors that you feel have prepared you for children/youth work:

8. Two personal references are required. Incomplete information may result in a disqualification from participation. Please provide information of people other than roommates/peers and family members. Consider using coaches, teachers, pastors, and professors, as references.

Reference #1

Reference #2

Name: _____

Name: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

THE INFORMATION I HAVE SUBMITTED IS CORRECT TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE ANY REFERENCES OR CHURCHES LISTED TO PROVIDE ANY INFORMATION (INCLUDING OPINIONS) THEY MAY HAVE REGARDING MY CHARACTER. IN CONSIDERATION OF THE RECEIPT AND EVALUATION OF THIS FORM BY THE INSTITUTION, I HEREBY RELEASE ANY INDIVIDUAL, CHURCH, YOUTH ORGANIZATION, CHARITY, EMPLOYER, REFERENCE, OR ANY OTHER PERSON OR ORGANIZATION, INCLUDING RECORD CUSTODIANS, BOTH COLLECTIVELY AND INDIVIDUALLY, FROM ANY AND ALL LIABILITY FOR DAMAGES OF WHATEVER KIND OR NATURE WHICH MAY AT ANY TIME RESULT TO ME, MY HEIRS, OR MY FAMILY ON ACCOUNT OF COMPLIANCE OR ANY ATTEMPTS TO COMPLY WITH THIS AUTHORIZATION. I WAIVE ANY RIGHT THAT I MAY HAVE TO INSPECT ANY INFORMATION PROVIDED ABOUT ME BY ANY PERSON/ORGANIZATION IDENTIFIED BY ME IN THIS FORM.

Should I be accepted, I agree to be bound by Anderson University policies, and to refrain from inappropriate conduct in the performance of my services.

I further state that I have carefully read the foregoing release and know the contents thereof and I sign this release of my own free will. This is a legally binding agreement which I have read and understand.

Applicant's Signature: _____ Date: _____

Forward completed form to the individual or department coordinating this event.

For Office Use Only:

Have you checked the [National Sex Offender Registry](#)? Yes / No
(IF person's name appears on this site, he/she is automatically disqualified.)

Completed by _____ Date _____