

**MORGAN COUNTY SCHOOLS
FAMILY MEMBER AND CHAPERONE APPLICATION**

(Only one application per person required)
Please check below all schools that apply

BSHS _____ PPS _____ PVES _____ WSIS _____ WSMS _____ WES _____

****Anyone wishing to chaperone a school sponsored trip or volunteer IN ANY WAY in a school must fill this out each year. Because the school board must approve all school volunteers, this application must be submitted at least a month in advance of any school event in which a family member or volunteer wishes to participate.****

Applicant's Name: _____ Phone: _____

Address: _____

CHILDREN

NAME	SCHOOL	GRADE	TEACHER

REFERENCES

NAME	POSITION	ADDRESS	PHONE NUMBER

CHECK THE FOLLOWING: (A1 OR A2) AND (B1 OR B2):

_____ A1. I have not been convicted of, or pled guilty or nolo contendere (no contest) to any crimes.

_____ A2. I have been convicted of or pled guilty or nolo contendere (no contest) to the following crime(s) **(Use a separate sheet to explain the nature of conviction, date and court)**

_____ B1. I have been a resident of the State of West Virginia for the previous five (5) years

_____ B2. I have not been a resident of the State of West Virginia for the previous five (5) years

I hereby verify that the above information is true and complete to the best of my knowledge. I further authorize a criminal records check should it be deemed necessary.

CHAPERONE/VOLUNTEER AGREEMENT

I understand and agree that, pursuant to Morgan County policy,

- A. All chaperone/volunteers must complete an application and photo ID which will be reviewed by the school principal and forwarded to the Superintendent. Board approval is required. **(Except employees of MCS)**
- B. All volunteers are required to abide by all Board policies and County Guidelines while on duty as a volunteer.
- C. Volunteers will be covered under the County's liability policy but the County cannot provide any type of health insurance to cover illness or accident incurred while serving as a volunteer, nor are volunteers eligible for workers' compensation.

Signature _____ **Date** _____

Office Use Only: ___ Photo ID or License attached

Recommended by Principal _____ Date _____

Approved by Superintendent/Board _____ Date _____