

Citrus County School District

Chaperone Application

Check for Concession Stand Use Only

EVERY ADULT WHO WISHES TO GO ON A FIELD TRIP **MUST** FILL OUT AN APPLICATION AT LEAST THREE WEEKS PRIOR TO THE DATE OF THE FIELD TRIP. (ONE adult per application) Note: Applications with a background history could possibly take longer to process.

Applications **MUST** be completed EACH SCHOOL YEAR and should include the name(s) of each of your children and the school that each child attends. Please attach a separate sheet of paper if necessary.

PERSONAL INFORMATION		Last, First, and Middle Name		
Maiden Name/Previous Surnames/Alias			Phone #	
SSN	Date of Birth	Race	Gender	
Mailing Address (P.O. Box/Street, City, State, Zip)				
Physical Address (Street, City, State, Zip)			Email	
Student Name _____ Teacher _____ School _____				
Student Name _____ Teacher _____ School _____				
Student Name _____ Teacher _____ School _____				
Security Questions:				
<p>In order to be considered for chaperoning in the Citrus County School District, a criminal history check will be conducted. You must answer all background information. Acknowledgement of a prior arrest and/ or conviction will not automatically disqualify you from consideration for chaperoning. However, your omission of any criminal history information may subject you to disqualification. Any false statement knowingly made in this application is grounds for disqualification to chaperone in the Citrus County School district for a minimum of one year.</p> <p>1) In relation to a criminal offense (including dismissed or dropped, military and juvenile arrests/charges); have you ever (been):</p> <ul style="list-style-type: none"> • Arrested • Charged • Convicted • Pled nolo contendere (no contest) • Had a record sealed or expunged • Placed on probation • Enrolled in a pretrial diversion program • Had adjudication withheld in a criminal offense, felony or misdemeanor <p style="text-align: right;">YES _____ NO _____</p> <p>If you answered yes to question 1 please fill in boxes provided below & attach documentation (arrest report, final disposition, proof of completed probation, etc)</p>				
Date (mm/yyyy)	Location	Actual Charge & Statute #	Level of Charge	Disposition/Outcome

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2) Are you currently being investigated for any criminal offense, other than a non-criminal or minor traffic violation?
YES_____ **NO**_____

3) Have you ever had a report of child abuse or sexual activities involving a minor filed against you or been named by a state agency responsible for child welfare as a perpetrator in an indicated report of child abuse or neglect where cause was found?

YES_____ **NO**_____

If you answered yes to question 2 or 3, in the space below please provide an explanation. You must attach all corresponding documentation when submitting your application. Applications without documentation will not be accepted.

(Note: Any and all criminal history documents provided to or acquired by the Citrus County School Board during the chaperone application process are considered property of CCSB and will not be returned or produced to the applicant.)

A copy of your current Driver's License **MUST** be attached to this application in order to complete the process. All applications **MUST** be returned signed and dated.

- I hereby certify that each answer is true and correct
- I understand that any incomplete or false information furnished by me may subject me to disqualification.
- I understand my name must be on each student's emergency form.
- I understand after the dated/signed application that it is my responsibility to report within 48 hours of an arrest or new charge as it may or may not have an adverse effect on my chaperone status (Human Resources, 352-726-1931 ext. 2730).
- I understand that failure to report will be an automatic decline for that school year.
- I understand that any information submitted on this application is public record.
- I understand that the School Administrator has the final authority over the selection of field trip chaperones.

 Signature of Applicant

 Date

School Contact Use

Emergency Form Checked: _____

Custody Restrictions? _____

For Office Use Only

Ed Services Received: Initial_____ Date_____

HR Received: Initial_____ Date_____

Checked: _____

Reviewed: _____

Please return this application to your child's school