

# CHAPERONE APPLICATION

Name \_\_\_\_\_

Student Name \_\_\_\_\_

Please list any medical training or qualifications that you have received.

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Please discuss your involvement in school activities, in or out of the classroom.

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Please identify your experience in traveling (with or without groups) to Washington DC or other locations. Have you traveled with a CSMH tour before?

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Please discuss any other qualifications you believe would be important to have on the Washington DC trip.

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I understand that the Washington Tour is not a vacation for adults and that I will be closely monitoring and leading a group of 5 – 7 students during the trip. Additionally, all costs associated with the trip are mine to bear and the hours spent on the trip are not applicable to the fundraising requirement.

Signed \_\_\_\_\_