



# Volunteer Chaperone Check List

Volunteer Program Compliance Office

Name of trip leader: \_\_\_\_\_

Today's Date: \_\_\_\_\_ School: \_\_\_\_\_

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## TRIP INFORMATION

Purpose of the trip: \_\_\_\_\_

Trip destination / place of activity: \_\_\_\_\_

Field trip type (circle one):    Day    Overnight    International    Trip date(s): \_\_\_\_\_

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## CHAPERONE INFORMATION

Chaperones must be background checked before the trip in accordance with SPS procedures. Depending on your residency history, you may be required to pay a \$31 vendor fee, or in rare cases more (certain jurisdictions charge additional fees for their criminal screen services). Please note that background check processing may take up to three weeks, depending on your residency history, your name (more common names take longer to clear), and other factors.

**Volunteer Name:** \_\_\_\_\_

Please review carefully and initial each line:

\_\_\_\_\_ I have completed the volunteer application and disclosed criminal records.

\_\_\_\_\_ I have lived in Washington State continuously for the past three years.

\_\_\_\_\_ I have completed the online "[Adult Sexual Misconduct Prevention](#)" course.

\_\_\_\_\_ I have read and signed the Volunteer Handbook.

\_\_\_\_\_ I have read section "Code of Prohibited Conduct" of [The Basic Rules of Seattle Public Schools](#).

\_\_\_\_\_ I have read the Guidelines for Volunteer Chaperones for this type of field trip.

\_\_\_\_\_ I have read and adhere to Policy No. 3246 (Use of Reasonable Force)

\_\_\_\_\_ I have read the Volunteer Policy. 5630 (Volunteers)

The above information is true and accurate to the best of my knowledge.

\_\_\_\_\_  
*Volunteer Signature*

\_\_\_\_\_  
*Date*

(Administrative review on the reverse side)

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## ADMINISTRATIVE REVIEW

Principals ensure that appropriate levels of supervision are provided, with required ratio of district employees and properly background checked volunteers to students. Principal's signature on the field trip approval form certifies that he or she has verified this supervision will be in place.

\_\_\_\_\_ Additional information needed: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ The volunteer has been screened in accordance with the Volunteer Program Compliance Office Procedure.

### Principal or Designee Approval

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*