

Student(s): \_\_\_\_\_

## CHAPERONE AGREEMENT



Name: \_\_\_\_\_

Residence Address: \_\_\_\_\_  
\_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Relationship to any students or staff at the school: \_\_\_\_\_ If yes, name(s):  
\_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Thank you for volunteering to chaperone. It is because of chaperone participation that Summit Public Schools is able to offer this experience to our students. This may or may not be a school sponsored event. However, in either case, chaperones represent SPS and are expected to be examples of good behavior for our students. Appropriate professional behavior is expected at all times for the duration of the trip. It is imperative that you adhere to the general Code of Conduct as well as the additional items mentioned below.

Chaperone's will be defined as any adult placed in supervisory roles by the trip leader. Chaperones must be a parent or guardian, or someone else designated that is 21 years or older. If driving, chaperones must have appropriate proof of insurance and a valid driver's license. If chaperoning overnight, chaperones must have a Department of Justice and FBI background check.

I agree and affirm to the following:

1. I will not be in possession of or under the influence of, alcoholic beverages and/or illegal drugs, or in possession of firearms while serving in a volunteer capacity.
2. I will not smoke in the presence of students.
3. I will not use obscene or discriminatory language.
4. Only age-appropriate topics of discussions shall occur around students during the trip.
5. I understand that it is a violation of school policy for any person engaged in the school, including volunteers, to inflict or cause to be inflicted corporal punishment upon a student, as described in California Education Code 49000-49001.
6. I will not dress/undress or provide personal hygiene assistance, or supply medication to students.
7. I will use universal precautions to avoid contact with bodily fluids.
8. For overnight trips, sleep in my assigned room and not entertain members of the opposite sex in my room.

Student(s): \_\_\_\_\_

9. Not have a student alone – I will make sure either other students, chaperones, or staff are present.
10. Maintain contact with students assigned to me at all times, constantly aware of their whereabouts.
11. Attend all mandatory activities and meal functions and adhere to all established curfews.
12. Adhere to any established dress code.
13. Comply, throughout the trip, with any and all instructions directed to me and/or the group by staff.
14. Be aware of student safety at all times, notifying staff of any unsafe or hazardous conditions.
15. Comply with school volunteer requirements including but not limited to fingerprinting, Livescan, Megan’s Law Database and TB Tests.

**Are you chaperoning for an overnight event? (circle one) Yes No**

If you circled yes, above, you must complete a criminal background check. Guidance on completing this is below.

- Please print and use the [SPS Request for Livescan](#). This is the form that you must use to complete your Livescan. It contains a special code that will ensure your results are sent only to Summit.
- A list of organizations that provide the ‘Livescan’ service locally can be easily found at most UPS stores or using this site: <https://oag.ca.gov/fingerprints/locations>
- Once the Livescan process has been completed, the results will be sent electronically to Summit’s HR team, who will verify that the background check has been cleared.
- You may reimburse the fee (typically about \$35) for your Livescan service. Keep your receipt and complete this [form](#) to submit your reimbursement. Send copy of your SPS Request for LiveScan to [hr@summitps.org](mailto:hr@summitps.org).

If a problem arises that is serious enough in nature to warrant my removal as chaperone of the travel group, I agree to bear any additional costs to return home. NOTE: This removal decision will be made by the accompanying professional staff member(s) after being provided the opportunity to respond to any allegations. The chaperone may also be subjected to discipline upon return home in accordance with local, State, and Federal law.

I, \_\_\_\_\_, have read and agree to abide by the above guidelines.

Printed Name

Signature: \_\_\_\_\_ Date: \_\_\_\_\_