

Westland High School Band Boosters
Chaperone Application 2009-2010

Name _____

Street Address _____

City, State, Zip _____

Phone (home) _____

Phone (work) _____

Phone (cell) _____

Email _____

Are you certified medical personnel Yes _____ No _____

If yes check which apply EMT _____ Nurse _____ MD _____ Other _____

If other please specify _____

Are you CPR certified Yes _____ No _____

Please list any previous chaperoning experience with the band:

Please list any other previous chaperoning experience:

It is a school policy for students not to smoke or use illegal drugs. If you smoke, would you be willing not to smoke in front of the students so as not to create a double standard as an example? _____

I have read the attached rules and agree to enforce them as a chaperone for the band.

Signature _____

Date _____