

CATALINA CHAPERONE APPLICATION
3 DAYS 2 NIGHTS / MONDAY – WEDNESDAY
November 17-19 2014



Parent Name _____

Child's Science Teacher _____

Home Address:

Street _____

City _____ State _____

Valid Drivers License # _____

Cell Phone # _____ Home Phone # _____

Emergency Contact Name _____

Emergency Contact Phone # _____

Birth Date _____

Occupation _____

List any and all certifications such as First Aid and CPR with dates of certification and expiration dates.

Certification	Date of Certification	Expirations date
_____	_____	_____
_____	_____	_____

Previous experience with groups of children (field trips/coaching/Scout Leader)

What is your reason for volunteering for this year's Catalina Adventure?

This is a physical trip. Are you able to swim, kayak, and hike? Yes ___ No ___

Parent Signature _____ Date _____

Please return to Jeff Feinberg, Dean of Students