



CHAPERONE APPLICATION

Please use the back or separate page when needed

Name _____ Birth Date _____

Street Address _____ City _____

State & Zip _____ Years at Present Address _____

Telephone(s) _____ E-mail _____

Present Employer _____ Work Address _____

Work Telephone _____ Supervisor _____

ANSWERING "YES" TO ANY OF THE FOLLOWING QUESTIONS DOES NOT CONSTITUTE AN AUTOMATIC DISQUALIFICATION TO VOLUNTEER. FACTORS SUCH AS DATE OF THE OFFENSE, SERIOUSNESS AND NATURE OF VIOLATION, REHABILITATION AND POSITION(S) APPLIED FOR WILL BE TAKEN INTO ACCOUNT.

Have you ever pled "guilty" or "no contest" to a crime (felony or misdemeanor)? Yes ___ No ___

Have you ever been convicted of a crime (felony or misdemeanor)? Yes ___ No ___

Are you presently under charges for a crime (felony or misdemeanor)? Yes ___ No ___

If you answered yes to any of the questions above, please provide the date(s) and details:

Educational Background (Please list High Schools, Trade Schools, & Colleges Attended)

Work History (Please list previous employment, with phone number, within the last three years)



References (Names and phone numbers of three people not related to you)

To help us during the chaperone selection process, please respond in writing to the following:
What experiences have you had to prepare for this position and how could you share this educational experience with others in our community? (Use additional page if necessary)

I certify that the information contained in this application, and in any attachments hereto, are true and correct to the best of my knowledge. I understand that any omission of facts or misrepresentation will result in my elimination from consideration for any volunteer position with the Denison Sister Cities Youth Ambassador Exchange Program. I further certify that I understand that Denison Sister Cities Youth Ambassador Exchange Program's intent is to deny a position to anyone convicted of a crime of violence or a crime against another person.

I hereby authorize the City of Denison Sister Cities Program to request and receive any and all background information about/concerning me, including but not limited to my Criminal History, Social Security Number Trace, including a consumer report under the Fair Credit Reporting Act, 15 U.S.C 1681, Driving Record, Employment History, Military Background, Civil Listings, Educational Background, Professional License from any Individual, Corporation, Partnership, Law Enforcement Agency, and other entities including my Present and Past Employers. The Fair Credit Reporting Act states that any access to credit history must be disclosed to the applicant. The background check program verifies the Name, SS# (upon request) and DOB with the Credit Bureau Equifax, therefore the Fair Credit Reporting Act rules apply. This search will NOT access or disclose ANY financial history or personal information not applicable to the criminal history report. I understand that this information will be used to determine my eligibility for a volunteer position with the City of Denison Sister Cities Youth Ambassador Exchange Program. I also understand that as long as I remain a volunteer with Denison Sister Cities Youth Ambassador Exchange Program, the criminal history records check may be repeated as deemed necessary. I understand that I will have an opportunity to review the criminal history report and that there is a procedure available for clarification, if I dispute the record as received.

I waive any right to assert that such an investigation or request constitutes an invasion of my privacy. I recognize that such inquiries are in the interest of all persons involved in the Denison Sister Cities Youth Ambassador Exchange Program, and I fully consent to such investigations.

IN CONSIDERATION OF MY ACCEPTANCE AND PARTICIPATION IN THE YOUTH AMBASSADOR EXCHANGE PROGRAM AS A CHAPERONE, I, TO THE FULLEST EXTENT PERMITTED BY LAW, HEREBY RELEASE AND AGREE TO SAVE, HOLD HARMLESS AND INDEMNIFY, ALL MEMBERS, OFFICERS, DIRECTORS, COMMITTEE MEMBERS AND EMPLOYEES OF THE CITY OF DENISON AND DENISON SISTER CITIES INC., FROM ANY OR ALL LIABILITY FOR ANY LOSS, PROPERTY DAMAGE, PERSONAL



INJURY OR DEATH, INCLUDING ANY SUCH LIABILITY WHICH MAY ARISE OUT OF THE NEGLIGENCE OF ANY OF THE INDEMNITIES, WHICH MAY BE SUFFERED OR CLAIMED BY ME AS A RESULT OF AN INVESTIGATION OF MY BACKGROUND IN CONNECTION WITH THIS AFFIDAVIT OR PARTICIPATION IN THE YOUTH AMBASSADOR EXCHANGE PROGRAM.

I further agree to conform to the rules, regulations, and policies of Denison Sister Cities, Inc., and understand that my service can be modified or terminated, with or without notice or cause, at any time, at the option of either the Denison Sister Cities Inc., or at my option. I understand and agree that the Denison Sister Cities Inc., may, in their sole discretion, decline to accept my application for volunteer services with or without cause.

Please sign if you agree to a reference & background check

_____ Date _____
Signature

Print Name



CHAPERONE RESPONSIBILITIES

Prior to the trip:

- Be involved in the Youth Ambassador Interview process.
- Participate and lead regular cultural information sessions between chaperones and students - at least monthly, with more frequent sessions as required closer to departure.

Matters to cover include:

- Student's appropriate behavior (Code of Conduct for Youth Ambassador Program)
- Advise on appropriate gifts to take
- Advise on cultural awareness - host family etiquette, etc.
- Advise regarding preparation of thank you letters / cards for host family

During the trip:

- Take responsibility for day to day supervision of the students ensuring appropriate behavior. If there is a serious breach of behavior, Denison Sister Cities, Inc. must be notified as soon as possible. Denison Sister Cities, Inc. will make a decision on the consequences in conjunction with chaperones.
- Ensure that the students adhere to the Code of Conduct.
- Ensure adherence to appropriate dress standards.
- Ensure timetables are adhered to as per the itinerary.
- Ensure the students have a thorough understanding of the day's activities and all requirements.
- Denison Sister Cities, Inc. does not condone drugs and underage drinking of alcohol in any form and requires chaperones to enforce this policy. In France it is illegal to consume alcohol under the age of 18.
- The chaperones are expected to be with and take equal responsibility for the tour group at all times.
- Awareness is required of each student's medical requirements and medical management plans (if supplied).
- Cover your own food and other personal expenses.

After the trip:

- Provide feedback to Denison Sister Cities, and make recommendations for future improvements, on your experience as a chaperone on the tour.



CODE OF CONDUCT

Denison Sister Cities, Inc. (“Denison Sister Cities”) and its members represent the City of Denison to many individuals and organizations around the world. Therefore, Denison Sister Cities insists volunteers maintain high ethical standards. In an effort to maintain these high standards, the following code of conduct is applicable to all volunteers, both as direct rules and as a general guideline for other areas of conduct, which may not be mentioned directly herein.

SUPERVISION

All volunteers are appointed under the supervision of staff and the Board of Directors. The volunteer should consider the person who appointed him or her as his or her direct supervisor unless directed otherwise by the appointer. Any volunteer may contact the President of the Denison Sister Cities, Inc. to report any questions, concerns, or problems with a volunteer activity or with the volunteer’s direct supervisor.

REPORTING VIOLATIONS

Any person who observes, learns of, or, in good faith, suspects a violation of the Code, must immediately report the violation to his or her supervisor, to the Denison Sister Cities, or to a member of the Board of Directors. Reported violations will be investigated and addressed promptly and will be treated with confidentiality to the extent possible. A violation of the Code may result in disciplinary action, up to and including termination of service. The President and/or the Board of Directors will review all violations and determine the disciplinary action.

VIOLATIONS OF LAW

A variety of laws apply to the organization and its operations, and some carry criminal penalties. Denison Sister Cities must and will report all suspected criminal violations to the appropriate authorities for possible prosecution and will investigate, address and report, as appropriate, non-criminal violations.

CONFLICTS OF INTEREST

A conflict of interest can occur or appear to occur in a wide variety of situations. Generally speaking, a conflict of interest occurs when a director, officer, employee, agent, or such person’s immediate family’s personal interest interferes with, has the potential to interfere with, or appears to interfere with the interest of Denison Sister Cities. No person who has a conflict of interest with any activity of Denison Sister Cities shall serve as a volunteer for that activity.

CONFIDENTIALITY

Volunteers are responsible for maintaining the confidentiality of all privileged or sensitive information, whether about the organization or members of the organization, to which they are exposed while serving as a volunteer.



HARASSMENT

Denison Sister Cities prohibits all forms of harassment, including sexual harassment. Sexual harassment includes unwelcome sexual advances as well as verbal or physical conduct of a sexual nature that intends to or actually creates an intimidating, hostile, or offensive environment. Conducts that will not be tolerated include, but is not limited to: inappropriate touching, sexual innuendos, obscene gestures, and jokes and remarks of a sexual nature. Any form of harassment on the basis of race, color, religion, sex, age, national origin, or disability is likewise prohibited.

CHILD ABUSE

Denison Sister Cities forbids any volunteer to physically, sexually, or mentally abuse or neglect a child or youth program participant. At no time shall a volunteer strike, spank, shake, humiliate, ridicule, threaten, or degrade youth.

DRUGS, ALCOHOL, TOBACCO

Volunteers shall not:

- Use tobacco products in the presence of youth
- Be under the influence of alcohol when volunteering at youth programs or exchanges
- Use, possess, or be under the influence of illegal drugs at any time

FIREARMS/WEAPONS

No volunteer shall carry or bring to a Denison Sister Cities event any dangerous or potentially dangerous weapon, article, or substance.

SAFE ENVIRONMENT

Volunteers should promote a safe and positive environment at all times.

ROLE MODEL

Volunteers working at youth programs and events should serve as a good role model for students and exhibit a caring, honest, and professional attitude. This includes, but is not limited to, refraining from the use of profanity in the presence of youth.

PROPER USE OF CORPORATE ASSETS

Corporate assets, including information, materials, supplies, time, intellectual property, facilities, software, and other assets may be used only for legitimate business purposes. The personal use of corporate assets is prohibited. The use of assets for proper purposes should be approved by the appropriate staff member or member of the Board of Directors. When handling financial information, volunteers shall:

- Act with honesty and integrity, avoiding conflicts of interest



- Provide the organization with accurate, complete, objective, relevant and timely information regarding transactions
- Comply with all federal, state, and local laws and regulations
- Act in good faith and with due care, competence and diligence

OTHER

Volunteers shall make every effort to:

- Treat everyone with respect, patience, courtesy and dignity.
- Avoid situations where he/she is alone with a youth.
- Refrain from giving or receiving expensive gifts from youths.
- Report any suspected abuse to the Board of Directors or the President.

VOLUNTEER CODE OF CONDUCT ACCEPTANCE

I certify that I have read and understand the Code of Conduct of Denison Sister Cities, Inc. and agree to comply with it.

Signature Date _____

Print Name



Adult Chaperone Waiver, Release and Indemnity Agreement, Emergency Medical Authorization and Participation in the Youth Ambassador Program

I, _____, will be traveling to Cognac, France with the Denison Sister Cities, Inc.'s Youth Ambassador Exchange Program as a chaperone, from _____ to _____ 20____.

In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical surgical or dental diagnosis or treatment and hospital care considered necessary in the best judgment of the attending physician, surgeon, dentist and performed under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

FOR, AND IN CONSIDERATION OF, PARTICIPATING IN THE ACTIVITY DESCRIBED ABOVE, I HEREBY VOLUNTARILY RELEASE, DISCHARGE, WAIVE AND RELINQUISH ALL ACTIONS OR CAUSES OF ACTION FOR PERSONAL INJURY, BODILY INJURY, PROPERTY DAMAGE, OR WRONGFUL DEATH OCCURRING TO ME ARISING IN ANY WAY WHATSOEVER AS A RESULT OF ENGAGING IN SAID ACTIVITY OR ANY ACTIVITIES INCIDENTAL THERETO, WHEREVER OR HOWEVER THE SAME MAY OCCUR AND FOR WHATEVER PERIOD SAID ACTIVITIES MAY CONTINUE. I, FOR MYSELF, MY HEIRS, EXECUTORS, ADMINISTRATORS AND ASSIGNS AND HEREBY RELEASE, WAIVE, DISCHARGE AND HOLD HARMLESS THE CITY OF DENISON, TEXAS, THE DENISON INDEPENDENT SCHOOL DISTRICT, DENISON SISTER CITIES, INC., ITS OFFICERS, DIRECTORS, AGENTS, SERVANTS, EMPLOYEES, VOLUNTEERS, OR MEMBERS (HEREIN COLLECTIVELY "RELEASEES") FROM ANY ACTION, AFORESAID, WHICH MAY HEREAFTER ARISE FOR ME AND MY ESTATE AND AGREE THAT UNDER NO CIRCUMSTANCES WILL I, MY EXECUTORS, ADMINISTRATORS AND ASSIGNS, PROSECUTE OR PRESENT ANY CLAIM FOR PERSONAL ACTION, WHETHER THE SAME SHALL ARISE BY THE NEGLIGENCE OF ANY OF SAID PERSONS OR OTHERWISE. FURTHER, I SHALL INDEMNIFY AND DEFEND RELEASEES AGAINST ANY SUCH CLAIMS FOR PERSONAL INJURY, BODILY INJURY, PROPERTY DAMAGE, OR WRONGFUL DEATH ARISING IN ANY WAY WHATSOEVER AS A RESULT OF ENGAGING IN THE ABOVE DESCRIBED VOLUNTARY ACTIVITY OR ANY ACTIVITIES INCIDENTAL THERETO.

I further acknowledge that Releasees do not provide any type of insurance. Medical or travel insurance is my responsibility.

Signature Page Follows



I, the undersigned below, have read and fully understand the Chaperone Application Packet, including this release, and will adhere to the Program Rules of Conduct for Students and Chaperones.

Participating Chaperone

Date

Print Name

STATE OF TEXAS §
 §
COUNTY OF GRAYSON §

This document was acknowledged before me on this _____ day of _____, 20 ____, by

_____.

NOTARY PUBLIC, STATE OF TEXAS

My Commission Expires: ___/___/___