



Chaperone Training Program – Sign-Up Form

Thank you for your interest in becoming an approved chaperone. Please complete the information below.

Full Name: _____

Date of Birth: _____

Address: _____

City/State/ZIP: _____

Phone Number: _____

Email: _____

Relationship to Sponsee: _____

Have you ever been convicted of a felony?

Do you understand and agree to follow all chaperone requirements? Yes / No

Signature: _____

Date: _____

For Office Use Only

Background Check Completed: Yes / No

Approved by LSOTP: Yes / No

Date of Approval: _____

Notes: _____