



Chaperone Application

Dec. 27, 2008-Jan. 2, 2009 • Southern California



2009 BANDS OF AMERICA HONOR BAND IN THE ROSES PARADE®

Please return to Music for All by June 11, 2008.

COST OF PARTICIPATION

Please note that there are a limited number of chaperone positions available. If you are not chosen as an official Tournament of Roses BOA Honor Band Chaperone, you may still choose to attend on a "Fan Package." If you are chosen as an official chaperone, you will be subject to a **complete background check**. My signature below grants permission to Music for All to conduct full background checks.

Chaperone Package is inclusive of complete student package. You will be responsible for your travel to Los Angeles and will be required to arrive prior to NOON on Saturday, December 27, 2008 and not depart prior to 8:00 am January 3, 2009. Music for All will transport you to the hotel property. Please make your travel plans accordingly.

Cost of Participation: \$ 1,276, based on double occupancy. Single occupancy available for an additional fee.

If chosen as a chaperone, payment can be made in one lump sum or according to the following payment schedule (all payments are non-refundable):

\$319 due by July 31, 2008; \$319 due by August 31, 2008; \$319 due by September 30, 2008 and \$319 due by October 31, 2008.

- I have no preference of roommates.
- I prefer to room by myself (additional fee required).
- I prefer to room with the following (please list yourself first): 1. _____
2. _____

CHAPERONE EXPECTATIONS

As an official chaperone of the 2009 Tournament of Roses BOA Honor Band, the following will be expected of you:

- This position is a full time commitment to the Honor Band, beginning at NOON on Saturday, December 27, 2008 through Saturday, January 3, 2009 (travel day). Events and activities begin at 3:00 p.m. Saturday, December 27 and continue through 10:00 p.m. Friday, January 2, 2009.
- The Code of Conduct required by the student participants will also apply to the Honor Band chaperones.
- Minimum age of applicants is 21 years old.

Daily duties include, but are not limited to:

- assisting in the movement of the students (bus loading/unloading)
- meal functions
- supervision of students at events and on excursions
- bed checks and AM wake ups
- uniform distribution

APPLICATION PROCESS

- Honor Band chaperone applications will be accepted until: June 11, 2008
- Honor Band chaperones will be notified the week of: June 23, 2008
- Upon notification, your first deposit will be due by: July 31, 2008

This application is to be completed by all applicants for any position (volunteer or compensated) involving the supervision or custody of minors. This is not an employment application form. It is being used to help Music for All provide a safe and secure environment for those students who participate in our programs. **Please return form to Music for All, 39 W. Jackson Place, Suite 150, Indianapolis, IN 46225, or FAX to 317.524.6200. One application per person.**

GENERAL INFORMATION

Date _____

Name _____ Spouse's Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Date of Birth _____ Social Security Number _____

REFERENCES

List 3 Adults you've known for at least one year, who are not related to you and have a definite knowledge of your character and ability to work with children.

Name _____ Nature of Association _____
Occupation _____ Length of Time Known _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Work Phone _____

Name _____ Nature of Association _____
Occupation _____ Length of Time Known _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Work Phone _____

Name _____ Nature of Association _____
Occupation _____ Length of Time Known _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Work Phone _____

PREVIOUS ADDRESS

If you have lived at your current address for less than seven years, provide information on all addresses during that period.

Address _____ City _____ State _____ Zip _____
Dates _____

Address _____ City _____ State _____ Zip _____
Dates _____

Address _____ City _____ State _____ Zip _____
Dates _____

EMPLOYMENT HISTORY

Present Employer _____ Supervisor _____
Address _____ City _____ State _____ Zip _____
Position(s) Held _____ Full-Time Part-Time
Employment Dates: Starting _____ Ending _____

If you have been employed at this position for less than 2 years, provide information on each job during that period.

Previous Employer _____ Supervisor _____
Address _____ City _____ State _____ Zip _____
Position(s) Held _____ Full-Time Part-Time
Employment Dates: Starting _____ Ending _____

MILITARY SERVICE

Branch _____ Enlist Date _____ Discharge Date _____

PERSONAL SITUATIONS

Are you... Single Married Widowed Divorced Do you have children of your own? Yes No

Have you ever been arrested, convicted or pleaded guilty to a crime? Yes No If yes, explain. _____

Have you ever been accused, charged, or alleged to have, or have you ever committed any act of neglecting, abusing or molesting any child? Yes No

If yes, explain in detail, providing date and place of incident. _____

Have you ever been concerned that you may have an addiction to drugs, alcohol, pornography or any other addiction; or has anyone ever suggested that you may have a problem with any of the above? Yes No If yes, explain. _____

Have you ever been treated for a psychiatric disorder? Yes No If yes, explain. _____

Is there any circumstance or pattern in your life which would make it inappropriate for you to serve with minors or would compromise the integrity of Bands of America?

Yes No If yes, explain. _____

List all previous work involving youth (list each organization's name and address, type of work performed and dates):

APPLICANT'S STATEMENT

The information contained in this application is correct to the best of my knowledge. I authorize any references listed in this application to give you any information (including opinions) that they have regarding my character and fitness to chaperone students. I authorize the release of the information contained in this application to Music for All in which I seek a position (volunteer). In consideration of the receipt and evaluation of this application by Music for All, I hereby release any individual, church, youth organization, charity, employer, reference, or any other person or organization, including record custodians, both collectively and individually, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs, or family, on account of compliance or any attempts to comply, with this authorization. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application.

Should my application be accepted, I agree to conform to and comply with Music for All's Codes of Conduct and to refrain from poor conduct in the performance of my services on behalf of Music for All.

I further state that I **HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND SIGN THIS RELEASE AS MY OWN FREE ACT.** This is a legally binding agreement which I have read and understand.

Applicant's Signature _____ Date _____

Witness _____ Date _____

Please fill out the next page. It is a request for criminal records check and authorization.

IMPORTANT: This section must be completed by every applicant, regardless of criminal record.

AUTHORIZATION FOR PERMISSION TO RELEASE CONFIDENTIAL INFORMATION

I hereby authorize American Business Services and its employees to verify, obtain copies of records and gather any information required to complete an Investigative Consumer Report pertaining to my submitting application for employment and if hired, during the duration of employment with:

BANDS OF AMERICA VOLUNTEERS

AUTHORIZATION

I understand and give my permission to release any and all information from your files as permitted by law pertaining to Driving Records, Law Enforcement and Public Court Records, Credit Records, Employment and Education Records.

RELEASE OF LIABILITY

I hereby forever release and discharge American Business Services and its officers, directors, shareholders, agents and employees, as well as successors, assigns and all other persons acting on its behalf, from any claims, liability, action for damages compensation or otherwise, known or unknown, on account of or arising out of the investigation and disclosure of the requested information.

I further release and discharge all liability from all companies, agencies, officers, officials, employees, and persons providing good faith, pertinent information and/or records as requested to successfully complete an Investigative Consumer Report for my application of employment.

APPLICANTS MUST FILL IN ALL SPACES - PUT N/A IF NOT APPLICABLE

Name Printed (First Middle Last)

Maiden Name, Past Married and/or Other Names I Have Used (Include Date Changed)

Street Address How Long Lived Here?

City State Zip () - (Area Code) Phone #

Social Security Number Date of Birth

Driver License Number State Driver License issued in

ADDRESSES FOR PAST 5 YEARS

Street Address City State Zip From To

Street Address City State Zip From To

Street Address City State Zip From To

Applicant's Signature

Today's Date