



# Redwood Music Tour Chaperone Application

(to be filled out by EACH potential chaperone)

NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

STUDENT NAME(S) (if applicable): \_\_\_\_\_

CURRENT GRADE LEVEL(S):                      6                      7                      8

Have you ever chaperoned on a tour with middle school or high school students? \_\_\_\_\_

If YES, please list events: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you a doctor, nurse, or teacher? \_\_\_\_\_

Do you have CPR/First Aid training? \_\_\_\_\_

Do you require a large amount of sleep at night? \_\_\_\_\_

Do you understand the rigors that chaperone duty can demand on a four-day tour? \_\_\_\_\_

Are you willing to put the needs of the students as first priority over yours on tour? \_\_\_\_\_

Do you have a problem with being in a large crowd for a long duration of time? \_\_\_\_\_

Do you understand you will be required to follow the direction of the RMS staff while

chaperoning on tour? \_\_\_\_\_

As a chaperone are you willing to participate in discipline, evening checks, and be willing to

help whenever and wherever the need arises? \_\_\_\_\_

\_\_\_\_\_

PLEASE FILL OUT FOR **EACH** POTENTIAL CHAPERONE AND RETURN  
WITH STUDENT REGISTRATION FORM(S) BY DECEMBER 10 TO MR. JOW