



## Oregon 4-H Youth Development Program SUMMER OUTBOUND CHECKLIST CHAPERONES

WorldWise Exchange Services ▪ 20700 44<sup>th</sup> Avenue West ▪ Lynnwood, WA 98036

- |                          |   |  |
|--------------------------|---|--|
| <input type="checkbox"/> | <u>Outbound Chaperone Application</u>                 | <i>Application form for individuals interested in chaperoning youth. Completed application should be signed by the State Coordinator, accompanied by a picture of the applicant and a 1-page essay addressing their qualifications for chaperoning. Original application should be mailed to <b>State Coordinator</b>.</i> |
| <input type="checkbox"/> | <u>Confidential Chaperone Reference</u>               | <i>Chaperone applicant gives this form to 2 individuals (non-relative) to complete and mail back to <b>State Coordinator</b>. Forms should be confidential.</i>  |
| <input type="checkbox"/> | <u>Chaperone Interview Report</u>                     | <i>State Coordinator will conduct an interview with interested applicant(s) following guidelines on interview form.</i>  |
| <input type="checkbox"/> | <u>Chaperone Agreement</u>                            | <i>Applicant should read the agreement carefully and sign if they will adhere to all of the requirements. Mail to <b>State Coordinator</b>.</i>  |
| <input type="checkbox"/> | <u>Disclosure Form for Criminal Background Checks</u> | <i>The disclosure form should be completed by the applicant and returned to <b>State Coordinator</b>. WorldWise will conduct the criminal background checks.</i>   |
| <input type="checkbox"/> | <u>Chaperone Insurance</u>                            | <i>Applicant should read the agreement and sign if they accept the insurance coverage offered. Mail to <b>State Coordinator</b>.</i>   |
| <input type="checkbox"/> | <u>Medical Form</u>                                   | <i>The medical form should be completed by the participant and returned to <b>State Coordinator</b>.</i>   |