



# **MCS Authorized Chaperone Application**



*(Please Print)*

Date: \_\_\_\_\_ Print Name: \_\_\_\_\_

Activity/Organization: \_\_\_\_\_

School: \_\_\_\_\_ Name of Director/Teacher: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Do you work for Monongalia County Schools: **YES or NO.**

If YES what location \_\_\_\_\_ If NO, Current Employer \_\_\_\_\_

Do you hold a valid WV Teaching license: **YES or NO**

Were you an Approved Authorized Chaperone for the above program in the past?

**YES or NO**

If YES, what school year. \_\_\_\_\_

Have you completed the MCS Chaperone Training? **YES OR NO**

Have you completed a WV State Background Check for MCS Board of Ed: **YES or NO**

TB Test is needed IF you have been out of the Country in the past year.

Please follow this link to complete the MCS Chaperone Online Training

<https://www.boe.mono.k12.wv.us/o/mcs/page/volunteer-training-policy>

## **SIGNATURES:**

Director/Teacher Approval: \_\_\_\_\_

Principal's Approval: \_\_\_\_\_

Volunteer/Chaperone: \_\_\_\_\_

Return this form to MCS Human Resource Office

% Mary Beth Abate`

[mary.abate@k12.wv.us](mailto:mary.abate@k12.wv.us)

***This Form is for NON-Athletics***