

SHS Band Boosters
Band Member & Parent Information Sheet

Student Information

Student Name: _____

Circle One: Band Color Guard

Parent/Guardian Information

Name: _____

Address: _____

Home #: _____

Cell #: _____

Email: _____

Membership Dues (\$5.00) - _____

Which committees are you interested in participating in:
(please check all your are interested in)

Uniform _____

Homecoming _____

Membership _____

Scholarship _____

Banquet _____

SMYRNA SCHOOL DISTRICT CHAPERONE/VOLUNTEER APPLICATION

Personal Information							
APPLICANT'S NAME			Date of Application				
Driver's License:							
Home Address:							
City:							
Home Phone:		State:		Zip:			
Email Address:							
Name of child attending school				School:			
Relationship to student:				Grade:			
Personal Data							
Place of Birth:		Age:		Gender:			
Have you ever been convicted of a felony or misdemeanor (other than minor traffic violation?)					Yes	No	
If YES, please explain:							
Mention any skills or qualifications which you believe qualify you for the position:							
References							

A. Two references (Name & complete address) who can testify as to your character:

1.
2.

Thank you for your interest in volunteering to assist with one or more of the many activities sponsored by our District's schools. Chaperones and volunteers play a very important part in the success of our schools. Therefore, District expectations must be adhered to, ensuring the safety of our students.

1. School rules apply to all school activities whether they occur at school, on or off school property and beyond normal school hours.
2. Chaperones and volunteers are expected to model the appropriate behavior including appropriate dress, no use of profanity, no smoking, and no consumption of alcohol.

I hereby certify that the above statements are true and correct to the best of my knowledge, and hereby agree that any deliberate falsification of facts will be grounds for refusal or revocation of my permission to work as a chaperone or volunteer within the school. I understand that no person shall be permitted to chaperone or volunteer without the approval of the building Principal and the Superintendent I have read the District's expectations of chaperones/volunteers listed above. I agree that if I am approved as a chaperone/volunteer, that I will abide by these expectations

Signed:	
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