

CHAPERONE APPLICATION FORM



This form is *fillable* - please fill out online and return via email to alesha.hill@gov.ab.ca

1 PERSONAL INFORMATION

NAME	FIRST	LAST

ADDRESS	MAILING ADDRESS

MUNICIPALITY	POSTAL CODE

PHONE	HOME PHONE NUMBER	CELL PHONE NUMBER

EMAIL	EMAIL ADDRESS

DATE OF BIRTH	DATE OF BIRTH (DD/MM/YYYY)	TRAVEL INFO	PREFERRED DEPARTURE AIRPORT

4-H LEADERSHIP	TOTAL YEARS AS LEADER	LEADERS CONFERENCE	YEAR(S) ATTENDED

2 ELIGIBILITY QUESTIONS

APPLICANTS MUST ANSWER THE FOLLOWING QUESTIONS AS HONESTLY AND ACCURATELY AS POSSIBLE:

PLEASE OUTLINE YOUR EXPERIENCE WITH 4-H AS A LEADER (GENERAL/PROJECT/ASSISTANT/CLEAVER/ETC.), INCLUDING THE NUMBER OF YEARS:

PLEASE DESCRIBE YOUR INVOLVEMENT AT YOUR CLUB LEVEL - ALONG WITH DISTRICT, REGIONAL, AND PROVINCIAL LEVELS. INCLUDE SUCH THINGS AS ACTIVITIES YOU HELPED ORGANIZE AND/OR PARTICIPATED IN, POSITIONS HELD, AND YOUR OVERALL ROLE IN 4-H ALBERTA:

**DO YOU HAVE PREVIOUS CHAPERONE EXPERIENCE - 4-H RELATED OR OTHERWISE?
PLEASE DETAIL:**

BRIEFLY DESCRIBE WHY YOU WOULD BE A GOOD CHOICE AS A CHAPERONE:

DESCRIBE WHY YOU WANT TO PARTICIPATE IN THIS OPPORTUNITY AND WHAT YOU HOPE TO GET OUT OF IT:

WHAT EXPERIENCES HAVE YOU HAD OUTSIDE OF 4-H THAT WILL BRING ADDITIONAL KNOWLEDGE AND BACKGROUND TO THE TRIP?

WHAT TRAVEL EXPERIENCE DO YOU HAVE?

DETAIL HOW YOU WOULD SHARE YOUR EXPERIENCE WITH OTHERS (FROM THE CLUB TO THE PROVINCIAL LEVEL):

3 OTHER QUESTIONS

APPLICANTS MUST ANSWER THE FOLLOWING QUESTIONS AS HONESTLY AND ACCURATELY AS POSSIBLE:

WHAT YEAR DID YOU LAST COMPLETE 4-H ALBERTA'S VOLUNTEER LEADER SCREENING PROCESS?

YEAR

WOULD YOU BE AVAILABLE TO SHARE YOUR EXPERIENCE AT A REGIONAL COUNCIL MEETING?

YES NO

DO YOU HAVE CURRENT FIRST AID?

YES NO

CHAPERONES ARE RESPONSIBLE FOR SUPERVISING YOUTH DURING ALL ACTIVITIES ON THE TRIP. THESE TRIPS OFTEN REQUIRE LONG HOURS AND CONSIDERABLE MOVEMENT FROM PLACE TO PLACE (INCLUDING LOTS OF WALKING). ARE YOU ABLE TO MEET THIS REQUIREMENT?

YES NO

HOW DID YOU HEAR ABOUT THIS OPPORTUNITY?

WEBSITE

FACEBOOK

MAGAZINE

FELLOW LEADER

REGIONAL SPECIALIST REFERRAL

OTHER

OPPORTUNITY APPLYING FOR:

OPPORTUNITY NAME

4 REFERENCE CHECK

APPLICANTS MUST PROVIDE TWO REFERENCES, USING THE REFERENCE FORM FOUND ON THE WEBSITE (IN THE SAME LOCATION YOU FOUND THIS FORM). REFERENCES CAN SUB-MIT THEIR FORM DIRECTLY TO THE EMAIL ADDRESS BELOW, OR YOU MAY SEND IT IN WITH YOUR APPLICATION FORM.

EMAIL: alesha.hill@gov.ab.ca or

Fax 780 422 7755