

# Reach Discipleship Camp Chaperone application Form

THIS FORM MUST BE COMPLETED BY EACH ADULT PARTICIPANT

**Reach Discipleship Camp**, in conjunction with Reach Youth Ministry, is committed to using due diligence in providing a safe environment for all participants attending Reach Discipleship Camp. This application helps assure that all adults present are suitable to engage in ministry to minors. Each adult participant must present this application prior to arrival at the camp. Thank you for your cooperation in this matter.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Diocese: \_\_\_\_\_ Parish/Group: \_\_\_\_\_  
Contact Phone: \_\_\_\_\_

Name of Group Leader: \_\_\_\_\_ City/Parish \_\_\_\_\_

Is there any fact or circumstance about you or your background that would call into question the advisability of entrusting you with the supervision, guidance, and care of children and/or teens? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*I affirm that the information given in this application is true, complete, and correct. I affirm that I have been trained and approved to work with children and/or teens in accordance with the policies and procedures outlined by my home diocese. I have read and agree to abide by all policies and procedures that Reach Youth Ministry has outlined in the Group Leader and Chaperone Policy and will contribute toward providing a safe and healthy environment for young people at Discipleship Camp.*

\_\_\_\_\_  
**Signature of Adult Chaperone Date**

*I have verified and attest to the fact that the above applicant has been trained and approved to work with children and/or teens in accordance with the policies and procedures of their home diocese.*

\_\_\_\_\_  
**Signature of Group Leader Date**

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