

# 2012 SSI Chaperone Application Form

Please print this page and the Health and Medical Release form, fill them out completely (print clearly), and mail with payment to SSI. **Highlighted** items are required for a background check.

Prefix:  Dr  Rev  Mr  Mrs  Ms  Miss Age \_\_\_\_\_ **Gender:**  M  F Status:  Married  Single

**First Name** \_\_\_\_\_ **Middle Name** \_\_\_\_\_ **Last Name** \_\_\_\_\_

**Date of Birth (mm/dd/yyyy)** \_\_\_\_\_ **Race** \_\_\_\_\_

Address \_\_\_\_\_ Apt \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Employer \_\_\_\_\_ Title \_\_\_\_\_

Wk Address \_\_\_\_\_ Ste \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Hm Phone \_\_\_\_\_ Wk \_\_\_\_\_ Cell \_\_\_\_\_

Hm Email\* \_\_\_\_\_ Wk Email\* \_\_\_\_\_

Church \_\_\_\_\_ City \_\_\_\_\_

Pastor \_\_\_\_\_ Pastor's Phone: \_\_\_\_\_

\*Filling in your email permits SSI to send periodic updates unless you opt to unsubscribe. All personal information is used solely by Foundation for Traditional Values, Student Statesmanship Institute and/or Citizens for Traditional Values, and will not be released, rented, sold or otherwise distributed to anyone at any time for any reason.

Any family/children attending SSI this year?  No  Yes - Name? \_\_\_\_\_

Which week(s)?  Week One  Week Two  Week Three

Week(s) you'd like to Chaperone:

- Week One: June 24-29 (Business, Media & Legislature)
- Week Two: July 8-13 (Judiciary, Media & Legislature)
- Week Three: July 22-27 (Media, Campaign & Legislature)

**Experience** - Please describe your experience working with youth:

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**Suggested Donation** – As a nonprofit organization SSI relies on donations and registration fees to fund ministry expenses. The total costs for each chaperone for room and board is \$115 per week. If you are able to help with the associated costs it would be greatly appreciated.

**However**, please do not let finances keep you from coming. If you are not able to cover the suggested donation, please send in as much as you are able.

- Enclosed is \$115 (suggested donation) OR (how much you can afford) \$\_\_\_\_\_.
- I am not able to contribute toward my expenses at this time, but would still like to serve as a chaperone.

Please return this form, with check (if applicable) made out to **SSI**, and the **Health & Medical Release form** to: **SSI, PO Box 80108, Lansing, MI 48908-0108**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For office use only

Date Rec'd \_\_\_\_\_ \$Paid: \_\_\_\_\_ CK/CA/CC: # \_\_\_\_\_ \$Bal Due: \_\_\_\_\_ \$Fin Aid Req: \_\_\_\_\_ Init \_\_\_\_\_

Medical form Rc'vd  Date Entered \_\_\_\_\_ Init \_\_\_\_\_

# Health Information & Medical Release Form

\*\*\*\*\*This form must be signed and returned to SSI with application\*\*\*\*\*

## Emergency Contact Information

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Parent/Guardian Hm Phone \_\_\_\_\_  
Parent/Guardian Name(s) \_\_\_\_\_ Parent/Guardian Wk Phone \_\_\_\_\_  
Address \_\_\_\_\_ Parent/Guardian Cell Phone \_\_\_\_\_  
City/St/Zip \_\_\_\_\_ Physician \_\_\_\_\_  
Health Insurance Carrier \_\_\_\_\_ Physician's Phone \_\_\_\_\_  
Policy/Group # \_\_\_\_\_ HMO / PHP auth phone no. \_\_\_\_\_

## Health History

Please mark those applicable and give appropriate explanations below:

<input type="checkbox"/> Frequent colds / respiratory infections	<input type="checkbox"/> Kidney complications	<input type="checkbox"/> Epilepsy
<input type="checkbox"/> Frequent sinus infections	<input type="checkbox"/> Heart condition	<input type="checkbox"/> Migraine headaches
<input type="checkbox"/> Allergies / hay fever	<input type="checkbox"/> Fainting / dizziness	<input type="checkbox"/> Have had chicken pox or vaccine
<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Asthma	<input type="checkbox"/> History of psychiatric illness or treatment
<input type="checkbox"/> Frequent upset stomach	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Other _____

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Current Medications

Please list ALL current medications, including over the counter, and dosages: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Medications will be self-administered. If necessary, medications can be locked/stored/refrigerated in SSI office. Initial here \_\_\_\_\_ if that will be necessary.

## Allergies

Please list ALL allergies.

<b>Medications</b> _____	Reaction _____
Foods _____	Reaction _____
Plants _____	Reaction _____
Animals/Insects _____	Reaction _____

## Other Medical Concerns

	Yes	No	Explain or describe below:
Are there any chronic problems or illnesses not indicated above?	_____	_____	_____
Has there been recent treatment for a medical problem?	_____	_____	_____
Does your child have any special dietary needs/restrictions?	_____	_____	_____
Are all immunizations up to date?	_____	_____	_____
Date of last Tetanus Booster:	_____	_____	_____
Anything else we should know?	_____	_____	_____

\_\_\_\_\_  
\_\_\_\_\_

## Medical Release

In case of sickness or emergency, I authorize such medical procedures as are deemed necessary to be performed at the discretion of SSI staff. I release SSI, its agents, officers, directors, and employees of any liability from injuries and damages suffered by me due to such medical procedures. I hereby agree to indemnify and hold SSI harmless with respect to such medical procedures, including payment for all medical procedures performed on my behalf.

Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*This form must be signed and returned to SSI: PO Box 80108, Lansing, MI 48908-0108 ♦ 517-321-6233 ♦ 517-321-6077 fax\*\*\*\*\*