

OREGON FFA CHAPERONE FORM

Must be over 21

Chaperone listed below will attend the event(s) listed below in addition to the local FFA advisor.

TO BE FILLED OUT AND SENT TO THE STATE FFA OFFICE **BY CHAPTER ADVISOR ONLY**. NO FORMS MAILED BY THE APPLICANT WILL BE ACCEPTED.

NAME OF CHAPERONE: _____

ADDRESS: _____

PHONE: _____

EVENT(S) YOU WILL CHAPERONING: _____

CHAPTER(S) YOU WILL BE CHAPERONING: _____

YOUR LOCATION THE EVENT(S): _____

CELL OR EVENT PHONE NUMBER: _____

I understand that as a designated chaperone for the above-mentioned chapter. I will assist the chapter advisor in having students adhere to the school dress code. I authorize the FFA state association or other FFA officials to contact me in the event of an emergency or disciplinary problem concerning members of the above chapter(s).

Chaperone Signature

I hereby authorize _____ to serve as a chaperone for the _____ FFA chapter to assist the FFA advisor and authorize that person to, in case of emergency or in discipline matters involving students of the above chapter, to be contacted by the FFA state staff or other FFA officials. I understand that the Oregon FFA is working under the assumption that the above chaperone for the above mentioned FFA chapter, has undergone our school district requirements for supervision of and interactions with students. I understand that in matters involving my students, I, the advisor am the first person with whom contact should be attempted, and I take full responsibility for the actions of my designated chaperone.

Advisor Signature

School Administrator Signature