



1B

Chaperone Enrollment Form

*Thank you for applying to the Experience in Democracy Leadership Program (EDLP).
Please fill out this enrollment form and attach the following document with your application:*

- Medical Form (#2)
- Adult Waiver-Emergency Release Form (#3B)

Please be advised of the expectations of the CHAPERONE during the training week:

1. Be able to walk moderate to long distances during the week of training.
2. Be able to supervise delegates during day/night activities.
3. Be able to work in a team setting under the supervision of the EDLP staff.

Please fill out this enrollment form and attach the medical form. PLEASE USE BLUE OR BLACK INK.

Organization/Migrant Region: _____

Name (FIRST, MIDDLE INITIAL, LAST): _____

Job title: _____

Address: _____ City: _____

State: _____ Zip: _____

Home phone: _____ Work phone: _____ Ext: _____

Mobile phone: _____

E-mail: _____

Birth date: _____ (MM/DD/YEAR) T-Shirt Size : _____ (S,M,L,XL)

Male/Female: _____

Congressional District: _____

What are your expectations during the week of training?

1. _____
2. _____
3. _____

By signing the following form, you state you understand your role during the week of training.

Signature

Date