

CENTRUM CHAPERONE JOB DESCRIPTION

Please fill out and return **two required documents**, pages 3 and 4.

Thank you for choosing to play a vital role in this workshop. This letter will tell you what to expect, and how to prepare for your week at Centrum. **The most important role for chaperones is to provide supervision during meal times, break times, and evenings, and to ensure that their students follow all Centrum and State Park rules.** You will get a copy of the Centrum Contract the students sign. There must be at least one chaperone per group onsite at all times! You will receive a detailed schedule when you arrive, which will help you to direct students to each activity. Please make sure that your students know where to go each morning and each afternoon. The faculty and staff of Centrum will count heads to make sure that they arrive safely.

During the workshop day: We ask that you participate in the workshops with the same spirit as students: that you honor risk-taking in class, and allow creativity to flow. You will be assigned to a workshop team with students and several other chaperones during activity periods. Please be aware of placing student needs first, and supporting the artist faculty. The artists are experts; follow their lead. You are welcome to join in and participate along side your students when you have time in class. This can be a learning opportunity for you, too. Chaperones are not necessarily paired with their own children. We try to balance the mix of chaperones and students in each class, and ask chaperones to go where they are needed.

During free time: We ask that you know where your students are at all times. Safety is our first priority, and it is particularly important in and around the buildings. Fire is a major hazard in the Fort's wooden buildings, which means absolutely no smoking, candles, or incense in the dorms. Make sure students exploring Fort Worden are always in groups of 2-3. During the evening, the dorm counselors are on duty beginning at 7pm. Our dorm counselors have plenty of experience with young people. They work to create an inclusive community in the dorm. It is your responsibility to be supportive of dorm counselors, dorm rules, and curfews. We ask chaperones to assist at bedtime, making sure your group is settled at the end of the active day. Help to promote quieter activities at bedtime.

Taking participants off campus: No adult is permitted to take any participant under the age of 18 off campus at anytime during the program week for anything other than an emergency, **or out of the dorms during stated curfew times.** Such action shows disregard for the mental and physical health, safety and welfare of that minor. **Groups that do not follow this rule will be expelled, without refund.** Missing participants will be reported to the police. In case of an emergency, permission to take any participant under the age of 18 off campus must be granted from the Centrum staff on duty.

Meals: Our dining facility serves three meals a day, and Centrum provides additional light snacks. It is your responsibility to supervise your group during meal times.

If you are job sharing- there must be at least one chaperone per group of 4-6 students **on-site at all times**, from check-in until your whole group is checked out. The first chaperone here should pick up ALL the chaperone packets (one for each chaperone) and will have the key (if a chaperone of a different gender is taking over, they will get a key for a room in another wing in the packet) and a meal ticket to pass along. This should be a face-to-face hand over. After the new chaperone takes over, they should check in with the wing Dorm Counselor and/or the Program Manager, depending on the time of day.

If someone gets hurt: There is a medical kit in the dorm and at the Centrum office. If someone is seriously hurt, please let a Centrum staff member know and arrangements will be made immediately to take care of that child, or take care of your other charges if you wish to accompany the child to the emergency room. The medical forms are on file at the Centrum office and the dorm counselors also have a copy.

On the last day, please make sure your group has cleaned up their dorm area. Any signs or posters (and all tape) need to come down. Any trash needs to be picked up, both in the rooms and the hallways. Also have them check any drawers and under the beds to make sure they haven't forgotten anything when they pack up. Your keys need to be returned to the downstairs lounge area (where we checked in).

Last but not least: Thank you! We are very grateful for your help in making this week a success. Please remember to take care of yourself as well. We know that it can be an exhilarating, exhausting week.

CHAPERONE RETURN FORM

**If chaperones are splitting the week with another adult,
one form is required for each person.**

All chaperones must be pre-registered.

There must be a chaperone onsite at all times!

PLEASE TYPE OR PRINT LEGIBLY

Program attending: _____ Dates: _____

Name _____ Gender: M____ F____

Mailing Address _____

City _____ Zip _____ Home Phone _____

Cell phone, if you are bringing one with you _____

Name of School/Community Group _____

School District _____ County _____

If you are splitting the week with another chaperone, what days/nights will you be in attendance? Please include arrival and departure times.

arrive: day _____ time _____

leave: day _____ time _____

We do require medical forms from all chaperones.

I have read the Student Contract and the Chaperone Job Description and I understand the expectations for a Centrum chaperone (including the supervision of students during mealtimes and free periods). I agree to support and assist Centrum personnel in insuring adherence to these contract guidelines.

Printed Name

Signed Name

Date

Please mail to:
Centrum, P.O. Box 1158, Port Townsend, WA 98368
or Fax: 360-385-2470

Thank you!

Medical Release Form
Chaperone Health Information

Last name	First	Phone
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Address	e-mail
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City	State	Zip
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Date of Birth _____

Whom shall we notify in case of an accident or medical emergency?

Name	Relationship
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Address	Phone
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City	State	Zip
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Your health/accident insurance company and policy number:

Name of carrier	Policy number
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Your regular physician: _____
Name

City	State	Zip	Phone
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Any health conditions or limitations?

Medications you are presently taking:

Any allergies (medications, etc.)

Date of last Tetanus shot: _____