



# 2019 Camp Cultivation

## Chaperone Registration Form

**\*\*\*\*Groups of 10 or more must be accompanied by one (1) adult chaperone. The chaperone must agree to stay on the campus of Virginia State University, June 23 -25, 2019. \*\*\*\***

**Chaperone Information:**Adult chaperone that will be attending the 2019 Camp Cultivation on June 23-25, 2019 at Virginia State University with the youth participant(s)

First Name:		Last Name:	
Street Address:			Apt./Suite:
City:	State:	Zip Code:	
Telephone Number:	Cell Phone Number:	Email:	
Organization representing:			How many youth participants will you be bringing?

**Please complete the following:**

Gender:	
_____ Female	_____ Male
Race/Ethnicity:	
_____ African American	_____ Asian/Pacific Islander
_____ Latino /Hispanic	_____ Other
_____ Caucasian	_____ Native American/ Alaskan American
_____ Multi/Biracial	

I understand that I will be required to stay on Virginia State University's campus for the entire duration of Camp Cultivation. I understand that I, along with another adult chaperone, will be responsible for a group of ten (10) participants. That responsibility is inclusive of supervision of participants, curfew/room checks, and reporting medical or behavior problems as they arise. I agree to act as a responsible role model and chaperone students and agree to follow the code of conduct prescribed. I will make sure my actions reflect the missions of WSF, USDA and VSU.

\_\_\_\_\_  
Chaperone Signature

\_\_\_\_\_  
Date



# 2019 Camp Cultivation

## Chaperone Registration Form

**Chaperone Additional Information (please complete and review thoroughly):**

Name of Chaperone:	Insurance Provider & Number:
--------------------	------------------------------

**Please list any medical or mental health diagnoses of the chaperone:**

**Please list any prescription medication the chaperone is currently taking:**

**Please list any allergies the chaperone has and any reactions to these allergies:**

**Does the chaperone have any special needs or ability status of which the Wendell Scott Foundation, USDA and VSU need to be aware in order to make sure the participant is comfortably accommodated (ADA, special hearing, mobility, language needs)? If so, please explain thoroughly:**

**Please check if the chaperone has any of the following dietary needs:**

Vegetarian	Vegan	Lactose Intolerant	Gluten-Free	Others
------------	-------	--------------------	-------------	--------

**Please check the chaperone's t-shirt size:**

X-Small	Small	Medium	Large	X-Large	XX-Large	XXX-Large
---------	-------	--------	-------	---------	----------	-----------



# 2019 Camp Cultivation

## Fingerprint & Background Check

### 1. Obtain a fingerprint card - cost \$10.00

Go to the Danville Police Department Records Office, Room 115 on the first floor of the Municipal Building, 427 Patton St., Danville, VA 24541. Fingerprints are taken between the hours of 1:30 pm and 4:00 pm Monday through Friday. The cost of fingerprinting is \$10.00 for the first card and \$5.00 for each successive card. Payment is accepted in cash only. If you are applying for a job with the City of Danville, there is NO cost involved.

### 2. Complete a Virginia State Police Form & Print - Select Form Option SP-167

Click on the link below, select form option SP-167, fill out online form, submit & print a copy of the submitted form.

<https://apps.vsp.virginia.gov/catspublic/public/publicHome.html>

### 3. Mail items from steps (1) and (2)

Once you've completed instructions (1) fingerprint and (2) SP-167, submit fingerprint card and copy for submitted SP-167 form to the address provided upon completion and submission of the SP-167 form. Cash will not be accepted for payment. The form gives an option to use a credit card or you must provide a check or money order made out to Virginia State Police.

Return address should be as follow:

The Wendell Scott Foundation  
P.O Box 3734  
Danville, VA 24540  
Phone: (434) 533-0097  
CampCultivation@wendellscott.org