## CERTIFIED CHAPERONE APPLICATION Grand Assembly of Colorado, IORG

Name:	Assembly # :	Date:
For what reasons do you	wish to become a Certified Cha	aperone?
What unique qualities wo	uld you bring to the position of 0	Chaperone?
What has been your favo	rite experience as an adult worl	king in Rainbow?
Are you currently working	with other youth organizations	? If Yes, please list.
What roles have you held	l in Rainbow? (Including special	I committees or projects)
providing false information is grou or not identified in this application or other background qualifications International Order of the Rainbov organizations, sponsoring bodies,	nds for rejection of this application. I author	ds, and all other Rainbow bodies, d volunteers from any and all liability to
Rainbow for Girls, and to complete	the CO Code of conduct, policies and pro- e additional Chaperone training as neede me at the sole discretion of the IORG with	d within the coming year. I understand tha
I understand that, if there is conce	ern about my responses, the Supreme Offi	icer in Colorado will contact me directly.
Signature and Date:		
Assembly Training Requirer She/he has demonstrated a	has ments and has worked as a regula ppropriate behaviors and skills which is the become a Certified Chap	r worker for at least one (1) year. nen working with Rainbow youth. I
Name/Signature	Rainbow Leadersh	ip Position Date
Name/Signature	Rainbow Leadership	p Position Date
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Approved by		Date