

Chaperone Application
Fredericksburg Sister City Association, Inc.
Student Exchange Visit to France – July 2019

Please complete and return **by December 7, 2018** to:

Fredericksburg Sister City
c/o Ms. Kristin Moeller
11417 Macon Dr.
Fredericksburg, VA 22407

NAME:

ADDRESS:

TELEPHONE: HOME..... WORK.....

E-MAIL..... FAX.....

OCCUPATION

EMPLOYER

EMPLOYER'S ADDRESS

PROFICIENCY IN FRENCH LANGUAGE (circle one): 0 1 2 3 4 5 6 7 8 9 10
(10 near native speaker)

EXPERIENCE WITH TEENAGERS:

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EXPERIENCE AS A CHAPERONE:

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.....

EXPERIENCE ORGANIZING TOURS/TRAVEL:

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KNOWLEDGE OF FRÉJUS AREA:

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.....

KNOWLEDGE OF FRANCE (PARTICULARLY PARIS):

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KNOWLEDGE OF FRENCH CULTURE:.....

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PERSONAL STATEMENT Please include any additional information you feel might be helpful in making the chaperone selection, including your reasons for applying for this position and your assessment of your own qualifications as chaperone.:

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(Attach additional pages, if necessary.)

If you have questions, please call 540-841-6073 or email krmmoeller@gmail.com