ODD FELLOWS AND REBEKAHS
Pilgrimage for Youth

CHAPERONE TO DELEGATE 2027 APPLICATION

Application Deadline: February 1, 2027

Also Required if Application Selected:

☐ Copy Front and Back of Medical Insurance Card

Current Color Photo

Tee-Shirt Size (Circle One) S M L XL 2XL 3XL

Full Name (First, Middle, Last) _____ Birth Date _____

☐ Male ☐ Female (minimum age – 30)

Address _____ City _____

State/Province/Country _____ Postal Code / Zip Code _____

Phone: Home _____ Cell _____

Email _____ Nickname _____

Delegate I am the Chaperone For: Name (First, Middle, Last) _____

Relationship to Delegate: _____

Marital Status: ☐ Married ☐ Single ☐ Divorced ☐ Widowed Children: ☐ Yes ☐ No How Many? ____

Order Affiliation: _____ # of Years _____

Present Occupation: _____

Other helpful information: _____

Do you smoke? ☐ Yes ☐ No Are you capable of doing a lot of walking and climbing? ☐ Yes ☐ No

Will you cooperate with the leaders / staff of the Program? ☐ Yes ☐ No

Will you refrain from the use of alcohol, illegal drugs, tobacco and offensive language/behavior while serving as a tour leader or staff worker (24 hours/day)? ☐ Yes ☐ No

I understand that I am a Chaperone only for the above-named Delegate and will not interfere with the running of the Program or Tour. I am not expected to assist in the duties of the staff or leaders, and will follow their instructions for the Program or Tour.

Chaperone Application must accompany Delegate Application and be in Program Office by Feb. 1st

Application approved by Jurisdictional Chair: _____ (signature)

Jurisdiction of: _____ Date: _____

Application Subject to Approval by Pilgrimage for Youth Board of Directors

Application Approved / Denied (circle one) by Board of Directors Date: _____

PROOF OF INSURANCE

Must have medical insurance and written proof of medical insurance for Out of Country travel.
Two Copies of Front and Back of Medical Insurance Card required.

Name of Health Plan Provider _____
Policy # _____ Insurance Company Phone _____
Policy Holder Name _____ Relationship (if applicable)_____

EMERGENCY CONTACT

Person to notify in case of emergency:

Name: _____
Relationship _____
Phone: Home: _____
Cell: _____
Work: _____
Email: _____

Alternate Emergency Contact:

Name: _____
Relationship _____
Phone: Home: _____
Cell: _____
Work: _____
Email: _____

PHYSICIAN STATEMENT

** Required if Selected **

Date of Examination _____ Name of Physician (please print) _____
Address: _____ Phone _____

Height _____ Weight _____ Blood Pressure _____
General Health: _____
Previous Sickness Requiring Hospitalization: _____
Operations: _____ Injuries: _____

(PLEASE PRINT LEGIBLY)

Medical conditions currently under treatment: _____
Medication(s): Name of Medication(s): _____
Type of Medication(s): (tablet, liquid, capsule or inhaler) _____
Dosage: _____ Time and Frequency: _____
Possible side effects: _____

Mental disorders or convulsions: _____
Any evidence of Rheumatic Fever _____ Diabetes _____ Fainting Spells _____
Allergies: _____

The following physical condition should be noted (if applicable)

Eyes _____ Heart _____
Lungs _____ Neurological _____
Skin _____ Musculoskeletal _____
Other _____
Any Limiting Conditions? _____

I certify that I have examined the Applicant and find her/him to be in good physical condition.

Physician Signature _____ Date _____

MEDICAL WAIVER

The following medications will be in possession of the Applicant *(PLEASE PRINT LEGIBLY)*:

_____

_____

PERSONAL

Do you require special meals for health or religious reasons?

☐ Yes ☐ No If yes, please explain and suggest suitable foods. _____

_____

PRIVACY STATEMENT

The information contained in this form is used by management of the program to select and administer the program. Except in case of medical emergency, information will not be disclosed to third parties. In the case of medical emergency, information may be released to attending medical personnel. Furnishing this information is voluntary, but failure to do so may prohibit participation in the Program.

CONSENT AND RELEASE

I hereby authorize The Independent Order of Odd Fellows Pilgrimage for Youth Inc. to photograph and/or videotape me or contract to do so and to publish or broadcast such photograph(s) or video(s) of me through various media, including the Internet or multimedia products.

I understand and agree that The Independent Order of Odd Fellows Pilgrimage for Youth Inc. or its agents are not responsible for the misuse or alteration of any such photographs and/or videotapes by third parties.

I hereby release The Independent Order of Odd Fellows Pilgrimage for Youth Inc. and any of its officers, agents, employees or servants from any and all actions, claims, loss or causes of action arising from the use or misuse of such images.

RULES AND REGULATIONS

The Independent Order of Odd Fellows Pilgrimage for Youth program has been in existence since 1949. During this time, certain rules and regulations have been adopted to ensure the safety and enjoyment of all participants. These rules include, but are not limited to, mandatory curfew, no activities which might cause destruction of property, no alcohol, illegal drugs, tobacco or offensive language/behavior.

It is important that while every consideration will be given, should the Applicant disregard any rules or regulations **he/she and the Delegate they are chaperoning will be sent home at their own expense.**

I understand all actual costs/expenses incurred as a Chaperone will be paid by either myself, the sponsoring lodge or jurisdiction.

I have read this Chaperone 2027 Application in its entirety and understand if selected a background check will be ordered.

Applicant Signature _____ _____ Date_____

*** Background Check will be ordered if application selected. ***

The Odd Fellows and Rebekahs Pilgrimage for Youth Inc. will not discriminate against any individual on the basis of disability, ethnicity, gender, race, sexual orientation, religion or other social identity from the full and equal enjoyment of its services, unless the individual possesses a direct threat to the health and safety of others, or him/herself, that cannot be eliminated by a modification of policies, practices, or procedures by the provision of auxiliary aids or services, nor exclude any individual because of the individual's association with a person of disability, ethnicity, gender, race, sexual orientation, religion or other social identity.

Chaperone to Delegate Guidelines - 2027

Chaperones shall follow the rules and guidelines set forth for delegates plus the following:

Cell Phones – Cell Phones are allowed. Inform the Executive Director of your cell phone number.

Delegate Information – A binder with a copy of each delegate registration packet is provided for the Tour Leaders. Inform the Tour Leader and Executive Director of any special needs of your delegate.

Age – Chaperones must be a minimum age of 30.

Identification – A valid PASSPORT is required for everyone participating in the program.

Demeanor – Chaperones are asked to conduct themselves in a manner that is always worthy of respect.

Discipline – Tour Leaders maintain a sincere and friendly relationship between other leaders, delegates, chaperones and staff members throughout the Tour. This is a non-smoking, drug and alcohol-free tour. Anyone unwilling to cooperate in the entire program and/or refusal to follow the rules will be sent home immediately at their expense.

Financial – It is the responsibility of the Jurisdiction or Sponsoring Lodge or the Chaperone to pay the Chaperone Fee and costs/expenses of the Tour as directed by the Board of Directors and for transportation to and from the starting point of the Tour. Transportation fee to and from starting point of tour shall be arranged in conjunction with the Program Executive Director.

Loyalty – Chaperones shall cooperate with the Tour Leader, staff and Executive Director in order to guarantee the success of the Tour. The trip is one of enjoyment, educational fulfillment and friendship. Being cooperative is a must.

Physical – Chaperones must be in good physical condition and healthy. There are days when you will walk long distances.

Security Check Points – These may occur during any tour of a site, example: 911 Museum, United Nations Building, Washington DC, Ottawa, Philadelphia sites. If sites will not allow backpacks, cell phones, bottled water, etc., someone may have to watch over these items until that tour is over or if the bus is close by, return and place on the bus, but do not miss any assigned timed tour or event.

Room Checks – It will be mandatory that Tour Leaders make nightly bed checks, even if awakening sleeping delegates. Mixed gender is never allowed in a hotel room. **Delegates may not swap rooms**.

Communication – Communication between delegates, chaperones and tour leaders is a must. Sometimes the delegates will be away from the bus or the tour leader, so in an emergency there must be contact. Your cell phone number should be given to the tour leader. Chaperones can text the tour leader when he/she is needed.

Lodging and Meals – All lodging has been pre-arranged and pre-paid by the Executive Director. As noted on the itinerary some meals have been previously pre-arranged and pre-paid by the Executive Director. If any problem arises with any arrangements, contact the Executive Director immediately.

Program Staff – The Executive Director and Staff are the primary leadership position with the tour bus leaders following the directions of the Executive Director and Staff. Any concerns should be addressed to the Executive Director.

Traveling to Canada – **No Pictures** during the time of crossing. Everyone must have their cell phones off and in their pocket.

Laundry – Every effort will be made for a time and place to do laundry. Check with the Tour Leader.

Medical Situations – If a medical situation occurs, take care of the situation first. When able; call the Tour Leader, who will then call the Executive Director to inform of the situation. Keep notes of what occurred and how resolved. The Tour Leader and the Executive Director will discuss the best way to handle the situation and contact of the parents/guardians. At no time may you dispense medication except to your chaperoned Delegate.

Last Day Loading – When you are preparing for your last day, load the luggage in the cargo hold according to the airline stops at the airport.

Remember: this is an educational experience, not a vacation or a shopping excursion for either Tour Leaders, Delegates or Chaperones.