



**Georgia 4-H  
Certified Overnight Chaperone Training  
Certification Agreement**

**Leader's Name:**

**Leader's County:**

**Trainer's Name:**

**Date of Training:**

**Check all that apply:**

Prior to training, the leader above met the CAES CES screening requirements with documentation & agreement on file.

The Certified Overnight Chaperone Training included the following components has been completed: Video program including History of Georgia 4-H, Adult Behavior Guidelines, Stages of Youth Development, Discipline Strategies, Accident and Illness Procedures, Working with Policies and Guidelines; Discussion of each section and distribution of the 4-H Overnight Chaperone Handbook



Having reviewed *The 4-H Certified Overnight Chaperone Video*, the accompanying written material, and participated in the training, the above leader has met the criteria for certification as an overnight chaperone and been given an Overnight Chaperone Handbook.

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Signature of Certified Overnight Chaperone Trainer

I have completed the Overnight Chaperone Training Program described above and am willing to follow the policies, guidelines and procedures outlined in the training and the handbook. I have been provided with a handbook and been given the opportunity to discuss the information.

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Signature of Certified Overnight Chaperone