



Newtown Public Schools Volunteer Background Check Authorization

Thank you for your interest in volunteering in our schools. Student safety is our top priority. Volunteers must return this form to one of the checked schools below. The Director of Security will give notice to the selected schools regarding authorization to volunteer within five business days.

Date of Request: _____

Print Name:

Last: _____ **First:** _____ **Middle:** _____

Maiden or Other Name: _____

Date of Birth: _____ **Place of Birth:** _____

Current Address: _____

Town(s) and State(s) resided in prior to residing in Newtown:

Town, State Town, State Town, State

Town, State Town, State Town, State

Driver License Number: _____ **State Issuing Driver License:** _____

Interested in Volunteering in the Following Schools: (Please Check All that Apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Newtown High School | <input type="checkbox"/> Hawley School | <input type="checkbox"/> Sandy Hook School |
| <input type="checkbox"/> Newtown Middle School | <input type="checkbox"/> Head O'Meadow School | <input type="checkbox"/> Newtown Preschool |
| <input type="checkbox"/> Reed Intermediate School | <input type="checkbox"/> Middle Gate School | |

Have you ever been convicted of any violation of any law? YES NO

Do you currently have any criminal complaint pending against you? YES NO

Are you a registered sex offender in the State of Connecticut or any other state? YES NO

I hereby authorize Newtown Public Schools to conduct a background investigation for volunteer purposes. I understand that the scope of the investigative report may include, but is not limited to the following: verification of current and previous residences; civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; and any other public records and databases, including sex offender registries.

The information contained in this authorization is correct to the best of my knowledge.

Signature: _____ **Date:** _____

Central Office: Approved to Volunteer: YES NO

Director of Security: _____ **Date:** _____

Volunteer Information Form and Waiver of Liability

Only one form needs to be completed by a volunteer each school year. Please print clearly in ink:

Name Last: _____ First: _____ Middle: _____

Address: _____ Telephone No. _____

Emergency Contact: _____ Telephone No. _____

Have you ever been a school volunteer? YES NO

If yes, name and location of school: _____ Year(s): _____

Name of child(ren)/ward(s) attending the school(s) where you wish to volunteer : _____

Conviction Information (if applicable):

If you are a registered sex offender, please provide city and state(s): _____

If you have been convicted of a criminal offense; please provide information below:

Offense(s): _____

Date(s): _____

City/State(s): _____

Waiver of Liability

The Newtown School District does not provide liability insurance coverage to non-district personnel serving as volunteers for the School District. The purpose of this waiver is to provide notice to prospective volunteers that they do not have insurance coverage by the School District and to document the volunteer's acknowledgment that they are providing volunteer service at their own risk. However, C.G.S. 10-235 provides that the district must indemnify and hold harmless volunteers from civil liability in most situations as long as the volunteer is approved by the Board of Education to carry out a duty prescribed by the Board and performs services under the direction of a certified teacher. Therefore the district must pay any damages awarded to a plaintiff in an action brought alleging negligence or other act resulting in injury, including infringement of that person's civil rights.

By your signature below:

1. You acknowledge that the School District does not provide insurance coverage for the volunteer for any loss, injuries, illness, or death resulting from the volunteer's unpaid service to the School District.
2. You agree to assume all risk for death or any loss, injury, illness or damage of any nature or kind, arising out of the volunteer's supervised or unsupervised service to the School District, agree to waive any and all claims against the School District, or its officers, Board Members, employees, agents or assigns, for loss due to death, injury, illness or damage of any kind arising out of the volunteer's supervised or unsupervised service to the School District.

Signature of Volunteer: _____ Date: _____

Printed Name of Volunteer: _____

For School Use Only: Name of supervising staff member: _____

- General description of assignment(s):
- | | |
|--|---|
| <input type="checkbox"/> supervising students as needed by a teacher | <input type="checkbox"/> supervising students during a regularly scheduled activity |
| <input type="checkbox"/> assisting with academic programs | <input type="checkbox"/> assisting at the resource center or main office |
| | <input type="checkbox"/> other: _____ |

School Administrator Reviewed/Signature: _____