



New Haven Public School District Adult Volunteer Application

Position: ___ Tutor ___ Mentor ___ Classroom/Librarian Asst. Other (specify) _____
School in which you would like to volunteer _____

Print Clearly

Mr. ___ Mrs. ___ Ms. ___

Last Name: _____
Home Telephone: _____
E-Mail Address: _____

First Name: _____ MI _____
Work Telephone: _____
Fax Number: _____

Current Address

Street _____
City _____ State _____ Zip _____
How long have you lived at this address? _____
Dates: _____

Previous Address

Street _____
City _____ State _____ Zip _____
How long have you lived at this address? _____
Dates: _____

EMERGENCY CONTACT INFORMATION:

Emergency Contact: _____

Name	Phone Number	Relationship
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EDUCATION:

Highest level of education completed: _____ Dates: _____
Location: _____
City State

Have you ever served as a volunteer? Yes No
If yes, when and where? _____

Have you served in the military? Yes No
If yes, when and where? _____

Have you ever been convicted of a felony? Yes No
If yes, describe the offense. _____

EMPLOYMENT HISTORY:

Current Employer: _____ Tel.: _____
Address: _____
Position: _____ Dates: _____

Previous Employer: _____ Tel.: _____
Address: _____
Position: _____ Dates: _____

REFERENCES:

Print clearly and complete. Please notify your references that we will be contacting them.

Please list precisely the name and address of one personal character reference that you have known for **at least two years** who is **not a family member**.

Name: _____ Relationship: _____
Address: _____
City, State, Zip: _____ Phone: _____

Your second reference should be your present employer/supervisor. If your current employer/supervisor has not been supervising you for at least one year, list your previous supervisor.

Name: _____ Title: _____
Address: _____
City, State, Zip: _____ Phone: _____

I certify that the information provided on this application is complete and true. I further acknowledge that falsification or omission of any information presented or requested on this application during the interview process will result in dismissal. I hereby authorize New Haven Public School District to request information regarding my application for volunteer work from the references I have provided.

Applicant's Signature: _____ Date: _____

For office use only:

Position: _____ School/Grade: _____

Screening Date: _____

Orientation: _____

Training: _____

AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION

PLEASE READ CAREFULLY

INCOMPLETE FORM WILL NOT BE ACCEPTED. APPLICATION WILL NOT BE APPROVED

In consideration for volunteering for New Haven Public District, I hereby authorize **Employers Reference Source of New England**, to make inquiries, including but not limited to social security trace, criminal history, driving history, residency, sex offenders registry, personal characteristics, experience and other qualities pertinent to your qualification as a volunteer.

I acknowledge and agree that I am not obligated if called upon, to perform the volunteer services herein applied for and that *New Haven Public School District* is not obligated to assign or actively seek to assign me a volunteer position. As part of the agency's placement process, professional personnel of the agency may elicit additional information from me. I understand that my application becomes the property of *School Volunteers* and that in the event of denial, the reason need not be given. All information provided by the applicant is kept confidential.

Please complete and sign the form that follows, authorizing without reservation, any party, including but not limited to employers, law enforcement agencies, private information bureaus or repositories, contacted by *Employers Reference Source of New England* to furnish any and all of the above information. Your authorization releases *Employers Reference Source of New England* and *New Haven Public School District* from any and all liability for damages arising from the investigation and disclosure of requested information. Further, it releases and discharges all liability from all companies, agencies, official, officer and other person, who, in good faith, provide *Employers Reference Source of New England* the above information as requested, in order to successfully complete a background investigation.

I agree that a copy of this document is as valid as the original.

Required information below:

Applicant full name: PRINT

Email: _____

Signature

Address: _____

Telephone #: _____

SS # _____

Date of Birth: _____

Have you used any other last name? Yes or No

If yes, what name did you use?

Drivers License#: _____ **State** _____

Connecticut Department of Children and Families
AUTHORIZATION FOR DCF CPS BACKGROUND CHECK (Central Registry Only)

DCF-3031
 7/2022 (Rev.)



I, (*Applicant Name*): _____ do hereby authorize the Department of Children and Families to research its records and if applicable request out of state checks, to determine whether or not I am on the central registry of persons responsible for child abuse and neglect. I understand that this information may be used to determine my suitability for (check one):
 Employment Day Care Volunteer Intern Mentor Other

I release the Department of Children and Families from any liability for any damages I may incur because of the release/use of this information.

Name of Agency (requesting background check)		Attention:		
Address: (No. and Street):		City:	State:	Zip:

I submit the following information to assist the Department of Children and Families in their search.

Applicant Last Name:		Applicant First Name:		Middle:		DOB:	
Applicant Address: (No. and Street):		Apt. #	City:	State:	Zip:	Start date at current address: (mm/dd/yyyy)	

List all previous applicant addresses for the last five years Check if an additional sheet is necessary, and attached

Address (No. and Street):	Apt. #	City:	State:	Zip:	Dates From: (mm/dd/yyyy)	To (mm/dd/yyyy)

Other names I have used (including preferred names, maiden, and previous marriages) Check if an additional sheet is necessary, and attached

Last Name:		First Name:		Middle Name:	

Names of ALL children - biological/step (Including adult children in or out of the home) Check if an additional sheet is necessary, and attached

Last Name:	First Name:	Middle:	DOB:	Gender:
				<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other
				<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other
				<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other

This authorization will expire 180 days after the date of the signature

Applicant Signature:	Date:

Submit at <https://portal.dcf.ct.gov/Portal/Main/#dashboard>. To enroll your agency in the portal, please contact bgc.verification@ct.gov.

For questions or support, please contact the Background Check Unit at bgc.verification@ct.gov.



NEW HAVEN PUBLIC SCHOOL DISTRICT

Volunteer Screening Policy

The School Volunteer program is open to high school students, college students and adult volunteers. The New Haven Board of Education requires that all volunteers register and complete background screening through *the School Volunteer office* prior to placement in New Haven Public Schools. The School Volunteer office will serve as the central clearinghouse for volunteers in the New Haven Public Schools, tracking registration, monitoring criminal background screening and volunteer hours.

A school volunteer is defined as any individual who performs service for **one or more hours per week without remuneration of any kind.**

1. All school volunteers are required to complete non-fingerprint background screening that includes but is not limited to: arrest and conviction records, social security traces for last known addresses and name changes, and the sex-offenders registration list. The School Volunteer office outsources background-screening services to a professional security organization that provides 1-2 weeks turn-around for applications. Additional time may be required if the background check reveals information not reported on the application form, such as name changes or residences. School volunteers must provide service in classrooms, school libraries or other open areas that can be supervised by school personnel.
2. State of Connecticut requires DCF screening.

The following procedures must be followed to implement the School Volunteer office volunteer screening policy:

1. Prospective volunteers complete an application and release of information form provided by the *School Volunteer office*. The applications and release forms may be obtained from all New Haven Public Schools or from the School Volunteer office. All forms must be submitted to the School Volunteer office.
2. Prospective volunteers who refuse to submit to background screening cannot be accepted.
3. The School Volunteer office receives and reviews individual background screening reports. In general, if a background report contains any felony offense or repeated misdemeanor offenses, the volunteer will not be accepted. A single misdemeanor offense may also result in rejection of the volunteer if, in the view of the New Haven Public School's Security Coordinator, this offense suggests a potential danger to school children. Individuals who falsify information on the application also will not be accepted. If the volunteer is not accepted, he/she is

notified in writing and the school principal is notified by email that the volunteer is not available for placement.

4. The School Volunteer office will contact accepted volunteers to schedule an appointment to meet with the school principal or designee for orientation and assignment.

Contact: *School Volunteer Office*
54 Meadow Street, New Haven, CT 06519
Phone: (475) 220-1373