

**New Haven Public School District
Student Volunteer Application**

Ms. ___ Mr. ___ Name: _____

Mailing Address: _____

Permanent Address: _____

Telephone #: _____ E-Mail Address: _____

Emergency Contact: _____ Relationship: _____ Tel. #: _____

School/University Attending: _____ Graduation year: _____

Volunteer Placement: _____

Volunteer Start Date: _____ End Date: _____ # of hours: _____

Parent/Guardian permission required for students under 18 years of age.

Parent/Guardian Name: _____ Tel. #: _____

Parent/Guardian Signature: _____ Date: _____

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 will result in dismissal.

Student Signature: _____ Date: _____

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 with New Haven Public School District, in New Haven Public Schools, 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 *New Haven Public School District* 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.

Applicant full name: PRINT

SS #: _____ **Date of Birth:** _____

Have you used any other last name? Yes or No If yes, what name did you use?

Drivers License#: _____ **State** _____

High School Name: _____ **College Name:** _____

Signature: _____

Department of Children and Families
 AUTHORIZATION FOR RELEASE OF INFORMATION FOR DCF CPS SEARCH
 DCF-3031
 12/15 (Rev.)



I, _____ do hereby authorize the Department of Children and Families to research										
<i>Applicant Name</i>										
its records 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 solely for (check one):										
<input checked="" type="checkbox"/> Employment <input type="checkbox"/> Day Care <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern <input type="checkbox"/> Mentor <input type="checkbox"/> Other:										
Name of Agency:					Attention:					
New Haven Board of Education					Human Resources					
Address: (No. and Street):			Apartment #		City:			State:	Zip:	
54 Meadow Street			2nd Floor		New Haven			CT	06519	
I release the Department of Children and Families from any liability for any damages I may incur which may result from the release / use of this information. I submit my following information to assist the Department. of Children and Families in their search.										
Last Name		First Name:			Middle:		DOB:		SS:	
Address: (No. and Street):			Apartment #		City:		State:	Zip:	Years at current address?:	
									Years Months	
Previous Address(es)/List All for the Last Five Years (continue on reverse side of form if necessary) <input type="checkbox"/> Check if reverse side used										
Address: (No. and Street):			Apartment #		City:		State:	Zip:	Dates From: (Month/Year)	Dates To: (Month/Year)
Other Names I have Used – Including Maiden, Previous Marriages(s) (continue on reverse side of form if necessary) <input type="checkbox"/> Check if reverse side used										
Last Name		First Name:			Middle:		DOB:		SS:	
Name of Spouses/Other Adults in the Home – Past and Present (continue on reverse side of form if necessary) <input type="checkbox"/> Check if reverse side used										
Last Name		First Name:			Middle:		DOB:		Signature (if still in Home)	Date:
Names of ALL Child(ren) – Biological, Stepchildren Including Adult Children In or Out of the Home <input type="checkbox"/> Check if reverse side used										
Last Name		First Name:			Middle:		DOB:		Gender:	
Do you have an active DCF investigation at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have an active appeal of a DCF investigation at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No										
Applicant Signature:								Date:		
THIS AUTHORIZATION WILL EXPIRE 180 DAYS AFTER THE DATE OF THE SIGNATURE. FORMS NOT FILLED OUT COMPLETELY AND / OR CLEARLY WILL BE RETURNED. DO NOT LEAVE ANY BLANK SPACES. PLEASE SPECIFY WITH N/A IF NOT APPLICABLE. ****DCF Conducts a Search of the CT Registry ONLY*** The Accuracy of this Search is Limited to the Information Provided by the Applicant to DCF										
Mail to: DCF Careline Background Searches – 505 Hudson Street – 5th Floor – Hartford, CT 06106 or FAX: 860-560-7071 <i>DCF-CT Careline CPS-BGC USE ONLY - DO NOT WRITE BELOW THIS LINE</i>										
Date:		Central Registry?: <input type="checkbox"/> Yes <input type="checkbox"/> No				Processors Initials:				

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.
5. Volunteers are required to document service hours by completing School Volunteer Time Logs available at the school's security or main desk. Log sheets are forwarded to the School Volunteer office on a monthly basis.
6. Volunteers who document hours but are not in compliance with policy will be notified in writing that further service is suspended until required documentation and/or screening have been completed.

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