

FAIRFIELD PUBLIC SCHOOLS
Fairfield, Connecticut

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.

Information Form

Name: _____
Last First Middle Telephone

Address: _____
Street City Zip Code

E-mail address: _____ Driver's License: _____

Emergency adult contact: _____ Phone _____

Are you now or have you ever been a school volunteer? _____
At which school? _____ Year? _____
The name of any child or ward attending this school: _____

Criminal Conviction Information

Are you a sex offender? _____
Have you ever been convicted of a felony? _____
If you answered YES, list all offenses

Offense(s): _____
Date(s): _____
Place(s): _____

If requested, are you willing to consent to a criminal background investigation? _____

Important Volunteer Policies and Guidelines

1. All volunteers must complete a new volunteer application each year.
2. All volunteers must sign in at the school office before proceeding to their volunteer assignment.
3. Volunteers may not dispense either prescription or over the counter medications to students.
4. Volunteers must respect a student's right to confidentiality including the following areas: standardized test scores, family background information, reports of serious behavior patterns and written teacher observations.

Date: _____ Signature of Volunteer: _____
Printed Name of Volunteer _____

For School Use Only

“Sex offender list” checked by _____ on _____ (mandatory).

Is a criminal background check necessary (the individual will be working over a long period of time in direct contact with students where no staff member is continuously present or in other situations where a check would be prudent)? ___ Yes ___ No

If “yes,” and provided the individual authorized the check,

- the date on which the check was requested? _____
- the date on which it was received and reviewed. _____

Approved

Not Approved

Reviewed by: _____

Signature

Date