

FAIRFIELD PUBLIC SCHOOLS

Fairfield, Connecticut

Volunteer/Resource Person Registration Form and Waiver of Liability

Only one form needs to be completed by a Volunteer/Resource Person each school year. Please print clearly in ink.

Registration 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/resource person? _____

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/Resource Person Policies and Guidelines

1. All Volunteers/Resource Persons must complete a new Volunteer/Resource Person application each year.
2. All Volunteers/Resource Persons must sign in at the school office before proceeding to their Volunteer/Resource Person assignment.
3. Volunteers/Resource Persons may not dispense either prescription or over the counter medications to students.
4. Volunteers/Resource Persons 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/Resource Person: _____

Printed Name of Volunteer/Resource Person _____

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