



Manchester Public Schools

Kennedy Education Center
45 North School Street
Manchester, CT 06042

www.mpspride.org

Dear Volunteer / Chaperone:

In order to ensure the safest possible environment for students, Manchester Public Schools will perform a background check of all persons wishing to volunteer and/or chaperone our students.

Attached are the Volunteer/Chaperone and Waiver Liability Forms, Chaperone Guidelines Form and Authorization for Release of Information for DCF/CPS Search Form. Upon completion, **please submit to the building Secretary.**

Should you have any questions about the form or the process, please feel free to contact Human Resources at 860-647-3440.

Sincerely,

Human Resources



**MANCHESTER PUBLIC SCHOOLS
VOLUNTEER / CHAPERONE FORM AND WAIVER OF LIABILITY**

Every question must be answered accurately in order for application to be considered complete.

Please provide the following information:

Date of Birth: _____

First Name Last Name Maiden Name

Address with City, State, Zip Code

Telephone Driver's License Number / State of Issue

Copy of photo ID (required with application).

1. Have you ever been required to register with a state or federal sex offender registry?

YES NO

2. Have you ever been convicted of a Felony?

YES NO

3. Have you ever been convicted of a crime (excluding motor vehicle violation or infraction)?

YES NO

4. If you answered YES, list all offenses?

Offense(s): _____

Date(s): _____

Place(s): _____

You are required to promptly inform the school district of any changes to these responses.

This application is for: **VOLUNTEER** AND/OR **CHAPERONE**

At which school(s) have you previously been a school Volunteer/Chaperone? _____

Year(s)

Are you a parent/guardian of any child attending Manchester Public Schools? YES NO

Name and Grade of Children: _____

EMERGENCY INFORMATION FOR VOLUNTEER/CHAPERONE:

Emergency Adult Contact: _____ Phone Number: _____

Address: _____

Physician/Hospital: _____ Phone Number: _____

MANCHESTER PUBLIC SCHOOLS
VOLUNTEER / CHAPERONE FORM AND WAIVER OF LIABILITY (continued)

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Waiver of Liability

Manchester Public Schools 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, Connecticut General Statutes § 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 of Education and performs services under the direction of a certified teacher. Willful and/or malicious conduct on the part of the volunteer is not covered under Connecticut General Statutes § 10-235.

By your signature below:

1. You acknowledge that Manchester Public Schools does not provide insurance coverage for the volunteer for any loss, injuries, illness, or death resulting from the volunteer's unpaid service to Manchester Public Schools.
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 Manchester Public Schools, agree to waive any and all claims against Manchester Public Schools, or its officers, Board of Education 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 Manchester Public Schools.
3. You consent to a criminal background investigation.
4. As a volunteer for Manchester Public Schools, I agree to act within the scope of the duties assigned by the area supervisor. Furthermore, I hereby certify that there are no willful misrepresentations or falsification of the statements or answers to questions in this registration application. I am aware that should investigation of this registration disclose such misrepresentation or falsification that would in any way endanger children or inhibit the mission of Manchester Public Schools, the authorization to volunteer in the school system would be withdrawn immediately.

Date: _____ Print Name of Volunteer: _____

Signature of Volunteer: _____



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GUIDELINES for CHAPERONES

Thank you for agreeing to serve as a chaperone for the following field trip:

Trip Destination and Date of Trip

As a chaperone, you serve as a role model and help students learn. The following guidelines for chaperones apply to this trip. Please review them carefully. Please sign and date this form and **return it to the School Secretary as soon as possible but no later than 2 weeks before the event or anticipated start date.** Once again, thank you for your assistance.

1. Chaperones are required to remain with their assigned group at all times, until chaperoning duties are finished.
2. Chaperones agree to continuously monitor their group's activities.
3. Chaperones will not use any alcohol or tobacco products during the trip at any time.
4. Chaperones will refrain from using profane or inappropriate language at any time during the trip.
5. Chaperones are NEVER to touch a child unless the child is presenting an immediate threat to the health or safety of themselves or others.
6. Chaperones are not to administer medications to students.
7. Chaperones may not bring along non-student siblings or other children on the trip.
8. Chaperones will report any safety or health concerns to a teacher immediately.

I have read the above guidelines and agree to abide by them.

PRINT NAME: _____ **SIGNATURE:** _____

DATE: _____

HOME PHONE: _____ **CELL PHONE:** _____

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
Applicant Name
 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):

Employment Day Care Volunteer Intern Mentor Other:

Name of Agency: **Manchester Public Schools** Attention: **Human Resources**

Address: (No. and Street): **45 North School Street** Apartment #: _____ City: **Manchester** State: **CT** Zip: **06042**

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) Check if reverse side used

Address: (No. and Street):	Apartment #:	City:	State:	Zip:	Date From: (Month/Year)	Date To: (Month/Year)

Other Names I have Used - Including Maiden, Previous Marriages(s) (continue on reverse side of form if necessary) 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) 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 Check if reverse side used

Last Name	First Name:	Middle:	DOB:	Gender:

Do you have an active DCF investigation at this time? Yes No Do you have an active appeal of a DCF investigation at this time? Yes 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
DCF-CT Careline CPS-BGC USE ONLY - DO NOT WRITE BELOW THIS LINE

Date:	Central Registry?: <input type="checkbox"/> Yes <input type="checkbox"/> No	Processors Initials:
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