

The Brooklyn School

119 Gorman Road
Brooklyn, CT 06234
Phone: (860) 774-9153
Fax: (860) 774-6938

VOLUNTEER DISCLOSURE AND CONSENT FORM

The Brooklyn Board of Education intends to procure an investigative report, including a national criminal background check for volunteer purposes. By completing and signing this disclosure, you hereby authorize this investigation.

Please provide the following information:

Volunteer's Date of Birth

Student's School

First Name

Middle Name

Last Name

Maiden Name

Address with City, State, Zip Code

Social Security Number

Driver's License Number
And State of Issue

Signature

Date

(By signing above, you are consenting to this investigation by the Brooklyn Board of Education)

Received
(Stamp)

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For Office Use Only
Location
Interviewed On
Status
Approved By
Supr. Approved

VOLUNTEER/CHAPERONE REGISTRATION

NAME: _____
Last First Middle Initial

ADDRESS: _____

City State Zip

TELEPHONE NUMBER(S) _____

School _____ Date _____

Please check areas of interest:

- | | | | |
|----------------------------------|-----------------------------------|---|---|
| Reading <input type="checkbox"/> | Math <input type="checkbox"/> | Library <input type="checkbox"/> | Special Projects <input type="checkbox"/> |
| (Tutor) | (Tutor) | | (Your availability is limited) |
| Art <input type="checkbox"/> | Computer <input type="checkbox"/> | Music <input type="checkbox"/> | Classroom Helper <input type="checkbox"/> |
| Office <input type="checkbox"/> | Clerical <input type="checkbox"/> | Foreign Language <input type="checkbox"/> | Field Trip Chaperone <input type="checkbox"/> |
| Other _____ | | | |

Indicate your grade level preference _____

Indicate the time(s) you prefer:

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____
am ___ pm ___ am ___ pm ___ am ___ pm ___ am ___ pm ___ am ___ pm ___

EDUCATIONAL PREPARATION (if tutoring):

Date Attended	High School/College	State	Diploma/Degree	Date Graduated

OTHER EXPERIENCE WORKING WITH CHILDREN:

Position	Location	From (Mo/Yr)	To (Mo/Yr)

REFERENCES: Please list the names of these references with their address and phone number.

1. _____
2. _____
3. _____

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Do you have a medical condition that would restrict or limit your ability to function as a volunteer or as a chaperone? [] Yes [] No

Person to be notified in case of emergency:

Name _____ Daytime Phone _____

Address _____

Connecticut's Public Act 93-328 --An Act Concerning Applicants for School Employee Position

The Brooklyn Public School System has the responsibility to comply with Federal and State mandated regulations. For the safety of our children, we ask your cooperation in completing the following to help us meet the requirements pursuant to Connecticut General Statutes, even though you are not actually an employee.

1. Were you ever known by any other name? If yes, please list the name(s) below.

[] Yes [] No _____

2. Have you ever been convicted of a crime, either within or outside of Connecticut?

[] Yes [] No If yes, identify the approximate date, location and nature of each such conviction on a separate sheet of paper and attach to this form.

3. Are any criminal charges currently pending against you either within or outside the State of Connecticut?

[] Yes [] No If yes, identify the jurisdiction in which such charges are pending, the nature of the charges and an explanation on a separate sheet of paper and attach it to this form.

AGREEMENT

As a volunteer for the Brooklyn Board of Education, 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 falsifications of the statements and 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 the Brooklyn Public Schools, the authorization to volunteer in the school system would be withdrawn immediately.

_____ Date

_____ Volunteer's Signature

For Office Use Only:

Administrator's Approval: _____ Date: _____

Date of Interview: _____ Proposed Starting Date: _____

Assignment: _____

Superintendent's Approval: _____ Date: _____

Return to: Superintendent of Schools

NOTE: The Central Office keeps the original on file.

Copies go to the volunteer and the supervisor of the area served.