STAFFORD PUBLIC SCHOOLS Stafford Springs, Connecticut Volunteer Information Form and Waiver of Liability

<u>A volunteer should complete only one form each school year</u>. Once approved, the form will cover volunteer service in all schools. Please complete the following form in its entirety and print clearly in ink.

Name:				
Last	First	Middle	Telephone	
Address:				
Street		City		
Personal physician:		Phone:		
Emergency adult contact:	Phone:			
Are you now or have you ever be	en a school volunteer:			
At which school:	Ye			
Name of any child or ward attend	ding any district school	:		
Criminal Conviction Information				
Are you a sex offender?				
Have you ever been convicted of	a felony?	If you answered YES, lis	t all offenses	
Offense(s):				
Date(s):				
Place(s):				

Group I

Volunteers will be classified in Group I when they assist school staff members with school activities in the presence of a Stafford Public Schools employee. Group I volunteers must complete the <u>Volunteer Information Form and Waiver of Liability</u> and a DCF background check form. Criminal background checks (i.e. security checks/fingerprints) will not be required of Group I volunteers. Group I volunteers are those who assist school staff members with school activities such as those listed below:

- a. assisting in a classroom, cafeteria, or library when a staff member is present; or
- b. accompanying a class on a field trip during the school day with a staff member; or
- c. helping in the school office during regular school hours; or
- d. assisting in the cafeteria or library during regular school hours; or
- e. assisting during extracurricular events, i.e., dances, fairs, open house, sporting events, etc.

Group II

Volunteers will be classified in Group II when they provide services to students and are not in the direct presence of a Stafford Public Schools employee. Group II volunteers must complete the <u>Volunteer Information Form and Waiver of Liability</u>, DCF background check form, complete a consent form regarding the release of information concerning any prior or pending criminal offenses, and submit to a criminal

background check which includes, but may not be limited to, fingerprinting (which must be completed at the volunteer's expense and is valid for three (3) years). Group II volunteers are those who engage in activities such as those listed below:

- a. accompanying a class on a field trip in which the plans include that students be divided into small groups supervised solely by the volunteer chaperone for any length of time; or
- b. chaperoning an overnight field trip; or
- c. working in direct contact with students without the direct presence of a Stafford Public Schools employee;
- d. working as a student intern; or
- e. coaching.

You r	nust	circle	one	option-
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I am requesting approval to serve as a: Group I Volunteer or Group II Volunteer.

Waiver of Liability

The School District 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. C.G.S. 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 and performs services under the direction of a certified teacher. Therefore, the district must pay any damages awarded to a plaintiff in an action brought alleging negligence or other act resulting in injury, including infringement of that person's civil rights. By your signature below, you acknowledge that you have received and read the waiver of liability and Board policy and regulation 1212.

Date:	Signature of Volunte	eer:	
	Printed Name of Vo	lunteer:	
*******	******	******	**********
For School Use Only			
General description of assignment	gnment(s):		
Administrator's Signature:			
For Central Office Use Only			
"Sex offender list" checked	by	on	(mandatory).
			Processed by DCF
Was a criminal background			
If "yes" the dat	te on which the check	was requested:	
			:
Central Office Approval: _			
	Signature		Date