

**1212.0 (b)
Form**

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 must circle one option-

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 Volunteer: _____

Printed Name of Volunteer: _____

For School Use Only

General description of assignment(s): _____

Name of supervising staff member: _____

Administrator's Signature: _____

For Central Office Use Only

"Sex offender list" checked by _____ on _____ (mandatory).

DCF Form submitted by _____ on _____. Date Processed by DCF _____

Was a criminal background check necessary? Yes ___ No ___

- If "yes" the date on which the check was requested: _____
- the date on which it was received and reviewed: _____
- the date the Volunteer was added to the district database: _____

Central Office Approval: _____

Signature

Date