

New Haven Public School District Volunteer Application

Position: ___ Tutor ___ Mentor ___ Classroom/Librarian Asst. Other (specify) _____

Print Clearly

Mr. ___ Mrs. ___ Ms. ___

Last Name: _____
Home Telephone: _____
E-Mail Address: _____

First Name: _____ MI _____
Work Telephone: _____
Fax Number: _____

Current Address

Street _____
City _____ State _____ Zip _____
How long have you lived at this address? _____
Dates: _____

Previous Address

Street _____
City _____ State _____ Zip _____
How long have you lived at this address? _____
Dates: _____

EMERGENCY CONTACT INFORMATION:

Emergency Contact: _____

	Name	Phone Number		Relationship
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EDUCATION:

Highest level of education completed: _____ Dates: _____
Location: _____
City State

Have you ever served as a volunteer? Yes No
If yes, when and where? _____

Have you served in the military? Yes No
If yes, when and where? _____

Have you ever been convicted of a felony? Yes No
If yes, describe the offense. _____

EMPLOYMENT HISTORY:

Current Employer: _____ Tel.: _____
Address: _____
Position: _____ Dates: _____

Previous Employer: _____ Tel.: _____
Address: _____
Position: _____ Dates: _____

REFERENCES:

Print clearly and complete. Please notify your references that we will be contacting them.

Please list precisely the name and address of one personal character reference that you have known for **at least two years** who is **not a family member**.

Name: _____ Relationship: _____
Address: _____
City, State, Zip: _____ Phone: _____

Your second reference should be your present employer/supervisor. If your current employer/supervisor has not been supervising you for at least one year, list your previous supervisor.

Name: _____ Title: _____
Address: _____
City, State, Zip: _____ Phone: _____

I certify that the information provided on this application is complete and true. I further acknowledge that falsification or omission of any information presented or requested on this application during the interview process will result in dismissal. I hereby authorize New Haven Public School District to request information regarding my application for volunteer work from the references I have provided.

Applicant's Signature: _____ Date: _____

For office use only:

Position: _____ School/Grade: _____

Screening Date: _____

Orientation: _____

Training: _____

AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION

PLEASE READ CAREFULLY

INCOMPLETE FORM WILL NOT BE ACCEPTED. APPLICATION WILL NOT BE APPROVED

In consideration for volunteering for New Haven Public District, I hereby authorize **Employers Reference Source of New England**, to make inquiries, including but not limited to social security trace, criminal history, driving history, residency, sex offenders registry, personal characteristics, experience and other qualities pertinent to your qualification as a volunteer.

I acknowledge and agree that I am not obligated if called upon, to perform the volunteer services herein applied for and that *New Haven Public School District* is not obligated to assign or actively seek to assign me a volunteer position. As part of the agency's placement process, professional personnel of the agency may elicit additional information from me. I understand that my application becomes the property of *School Volunteers* and that in the event of denial, the reason need not be given. All information provided by the applicant is kept confidential.

Please complete and sign the form that follows, authorizing without reservation, any party, including but not limited to employers, law enforcement agencies, private information bureaus or repositories, contacted by *Employers Reference Source of New England* to furnish any and all of the above information. Your authorization releases *Employers Reference Source of New England* and *New Haven Public School District* from any and all liability for damages arising from the investigation and disclosure of requested information. Further, it releases and discharges all liability from all companies, agencies, official, officer and other person, who, in good faith, provide *Employers Reference Source of New England* the above information as requested, in order to successfully complete a background investigation.

I agree that a copy of this document is as valid as the original.

Required information below:

Applicant full name: PRINT

Signature

Address: _____

Telephone #: _____

SS # _____

Date of Birth: _____

Have you used any other last name? Yes or No

If yes, what name did you use?

Drivers License#: _____ **State** _____

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: **New Haven Board of Education** Attention: **Human Resources**

Address: (No. and Street): **54 Meadow Street** Apartment #: **2nd Floor** City: **New Haven** State: **CT** Zip: **06519**

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:	Dates From: (Month/Year)	Dates 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?: Yes No Processors Initials: _____

NEW HAVEN PUBLIC SCHOOL DISTRICT

Volunteer Screening Policy

The School Volunteer program is open to high school students, college students and adult volunteers. The New Haven Board of Education requires that all volunteers register and complete background screening through *the School Volunteer office* prior to placement in New Haven Public Schools. The School Volunteer office will serve as the central clearinghouse for volunteers in the New Haven Public Schools, tracking registration, monitoring criminal background screening and volunteer hours.

A school volunteer is defined as any individual who performs service for **one or more hours per week without remuneration of any kind.**

1. All school volunteers are required to complete non-fingerprint background screening that includes but is not limited to: arrest and conviction records, social security traces for last known addresses and name changes, and the sex-offenders registration list. The School Volunteer office outsources background-screening services to a professional security organization that provides 1-2 weeks turn-around for applications. Additional time may be required if the background check reveals information not reported on the application form, such as name changes or residences. School volunteers must provide service in classrooms, school libraries or other open areas that can be supervised by school personnel.
2. State of Connecticut requires DCF screening.

The following procedures must be followed to implement the School Volunteer office volunteer screening policy:

1. Prospective volunteers complete an application and release of information form provided by the *School Volunteer office*. The applications and release forms may be obtained from all New Haven Public Schools or from the School Volunteer office. All forms must be submitted to the School Volunteer office.
2. Prospective volunteers who refuse to submit to background screening cannot be accepted.
3. The School Volunteer office receives and reviews individual background screening reports. In general, if a background report contains any felony offense or repeated misdemeanor offenses, the volunteer will not be accepted. A single misdemeanor offense may also result in rejection of the volunteer if, in the view of the New Haven Public School's Security Coordinator, this offense suggests a potential danger to school children. Individuals who falsify information on the application also will not be accepted. If the volunteer is not accepted, he/she is

notified in writing and the school principal is notified by email that the volunteer is not available for placement.

4. The School Volunteer office will contact accepted volunteers to schedule an appointment to meet with the school principal or designee for orientation and assignment.
5. Volunteers are required to document service hours by completing School Volunteer Time Logs available at the school's security or main desk. Log sheets are forwarded to the School Volunteer office on a monthly basis.
6. Volunteers who document hours but are not in compliance with policy will be notified in writing that further service is suspended until required documentation and/or screening have been completed.

Contact: *School Volunteer Office*
54 Meadow Street, New Haven, CT 06519
Phone: (475) 220-1373