

New Haven Public School District

AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION FOR OUTSIDE AGENCIES ONLY

PLEASE READ CAREFULLY

Form must be completed and signed. Incomplete forms will not be accepted.

In consideration for volunteering in the New Haven Public Schools I hereby authorize the New Haven Public School District and **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 my qualification as a volunteer.

By completing and signing the form that follows, I authorize 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.

Required information below:

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

Applicant full name: PRINT

Address: _____

Signature

Telephone #: _____

SS # _____

Date of Birth: _____

Have you used any other last name? Yes or No? If yes, what name(s) did you use?

Drivers License#: _____ **State** _____

Please indicate in what program and schools you will be volunteering: _____

Unless instructed otherwise please mail or fax this form to the address below:

I, _____ do hereby authorize the Department of Children and Families to research					
<i>Applicant Name</i>					
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):					
<input checked="" type="checkbox"/> Employment <input type="checkbox"/> Day Care <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern <input type="checkbox"/> Mentor <input type="checkbox"/> Other:					
Name of Agency:			Attention:		
New Haven Board of Education			Human Resources		
Address: (No. and Street):		Apartment #	City:	State:	Zip:
54 Meadow Street		2nd Floor	New Haven	CT	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:
Address: (No. and Street):		Apartment #:	City:	State:	Zip:
Years at current address?:					SS:
Previous Address(es)/List All for the Last Five Years (continue on reverse side of form if necessary)					<input type="checkbox"/> Check if reverse side used
Address: (No. and Street):		Apartment #:	City:	State:	Zip:
Other Names I have Used – Including Maiden, Previous Marriages(s) (continue on reverse side of form if necessary)					<input type="checkbox"/> Check if reverse side used
Last Name		First Name:		Middle:	DOB:
Name of Spouses/Other Adults in the Home – Past and Present (continue on reverse side of form if necessary)					<input type="checkbox"/> Check if reverse side used
Last Name		First Name:		Middle:	DOB:
Names of ALL Child(ren) – Biological, Stepchildren Including Adult Children In or Out of the Home					<input type="checkbox"/> Check if reverse side used
Last Name		First Name:		Middle:	DOB:
Do you have an active DCF investigation at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have an active appeal of a DCF investigation at this time? <input type="checkbox"/> Yes <input type="checkbox"/> 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					
<i>DCF-CT Careline CPS-BGC USE ONLY - DO NOT WRITE BELOW THIS LINE</i>					
Date:		Central Registry?: <input type="checkbox"/> Yes <input type="checkbox"/> 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