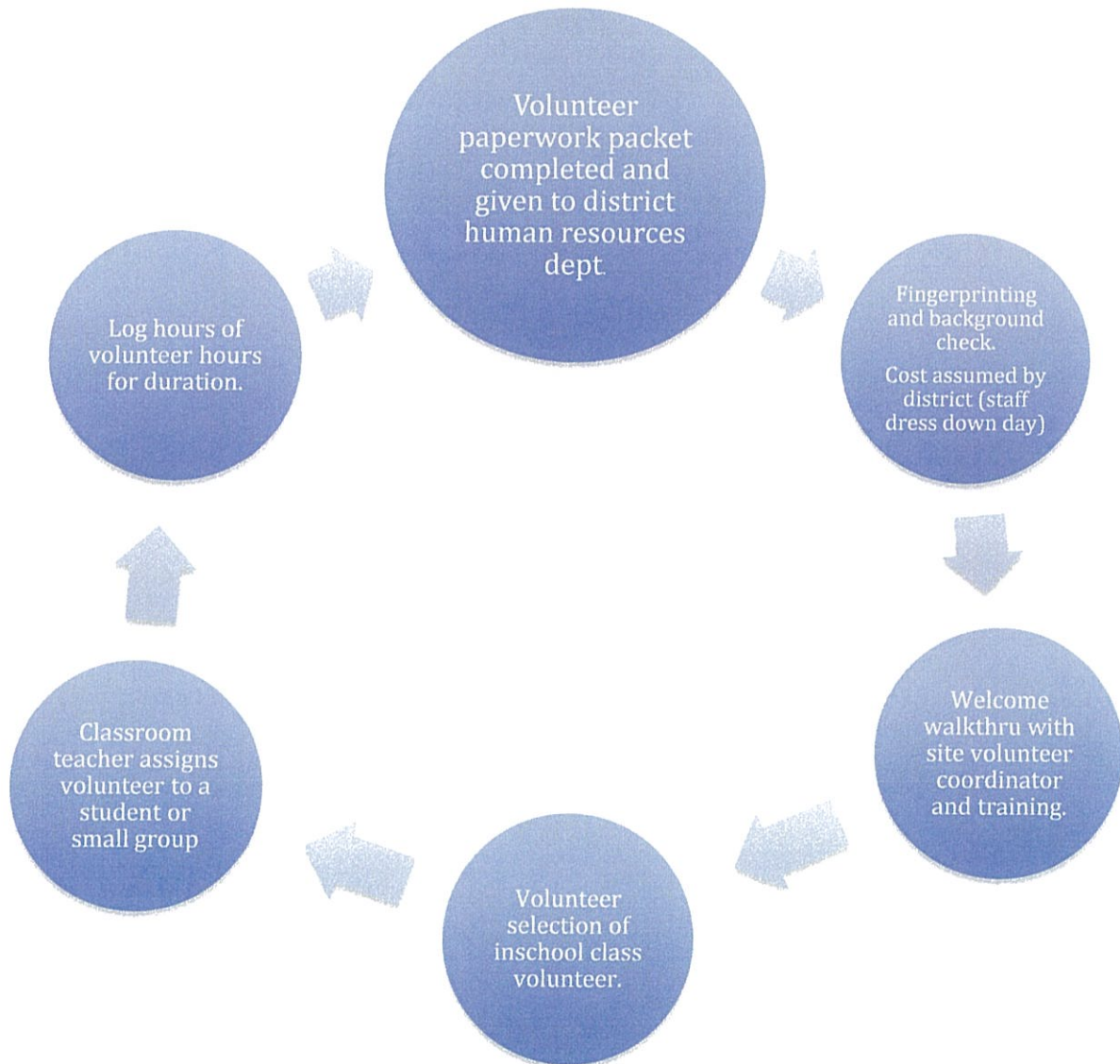


KILLINGLY COMMUNITY VOLUNTEER PARTNERSHIP

FUNCTIONAL FLOWCHART





Killingly Public Schools
APPLICATION FOR DISTRICT VOLUNTEERS
P.O. Box 210, 79 Westfield Avenue, Danielson, CT 06239
Telephone: 860-779-6600
Fax: 860-779-3798

Position Applied For: **Killingly Community Partnership Volunteer Program**

PLEASE TYPE OR PRINT LEGIBLY IN INK

Name: _____ S.S.#: ____ / ____ / ____
Last First MI

Address: _____ Home Ph. () _____

Work Ph. () _____

City, State, Zip: _____ Cell Ph. () _____

Mailing Address: (if different than above)

THE FOLLOWING QUESTIONS MUST BE ANSWERED "YES" OR "NO"

Are you a U.S. Citizen or authorized to work in the United States? yes no

Are you over 18 years of age? yes no

Are you employed now? yes no

May we inquire of your present employer? yes no

Have you ever applied to this company before? yes no
If yes, when: _____ where? _____

To your knowledge, do you have any relatives working in the KPS? yes no

Have you ever been dismissed from employment for cause? yes no
If so, please explain below:

EMPLOYMENT HISTORY

Describe your employment history in detail under the headings below, starting with your present or last employer and list in reverse order. Indicate the nature of the work personally performed by you. If two or more positions were held during the same period of time, show the proportion of time spent at each. If your title and duties changed materially in the course of your service in any one organization, indicate such changes clearly and as separate employments.

PRESENT OR LAST EMPLOYER

()

Name of Employer Phone

Address City State Zip

Dates of Employment From (Mo/Yr)	Title of Position	Name and Title of Supervisor
To (Mo/Yr)		

Description of Duties, Responsibilities and Accomplishments

Salary (Starting): No. of Hours worked per week:
Salary (Ending): Reason for Leaving:

PRIOR EMPLOYMENT

()

Name of Employer Phone

Address City State Zip

Dates of Employment From (Mo/Yr)	Title of Position	Name and Title of Supervisor
To (Mo/Yr)		

Description of Duties, Responsibilities and Accomplishments

Salary (Starting): No. of Hours worked per week:
Salary (Ending): Reason for Leaving:

BACKGROUND INFORMATION

As required by Connecticut Gen. Stat. Section 10-221d, the following information must be obtained from all job applicants. It also requires new employee criminal history records verifications and fingerprinting.

1. Have you ever been convicted of a felony or a first degree misdemeanor, either within or outside of the State of Connecticut? yes no

If "YES", what were the charges? _____

Where were you convicted? _____

Date of conviction: _____

2. Are there any criminal charges currently pending against you, either within or outside of the State of Connecticut? yes no

If "YES", what are the charges? _____

Where did the offense occur? _____

Date of offense: _____

3. Are you currently enrolled in a program of deferred adjudication (e.g. accelerated rehabilitation, pre-trial drug or alcohol education) pursuant to Connecticut General Statute 54-56(g)?

yes no

"Conviction" for this application means a final judgment or verdict of guilty, a plea of guilty, or a plea of nolo contendere, in any state or federal court, regardless of whether an appeal is pending or could be taken. "Conviction" does not include a final judgment or verdict that has been expunged by pardon, reversed, set aside or otherwise rendered invalid. Further, you are not required to disclose any arrest(s) criminal charge(s) or conviction(s), the record(s) of which have been erased pursuant to Connecticut General Statutes Section 46b-146, 54-76o or 54-142a. Such records can include records of a finding of delinquency, or that a child was a member of a family with service needs, adjudication of youthful offender status, criminal charges dismissed or nolle, or charges for which a person is found not guilty or a conviction later resulting in an absolute pardon. Further, any person whose criminal records have been erased is deemed under law never to have been arrested with respect to such erased proceedings and may so swear under oath. A history of criminal conviction(s) will not necessarily bar consideration of employment. Factors such as time, seriousness and nature of the offense, as well as rehabilitation will be taken into account. Should you have any questions about answering questions on this application, or your rights concerning erased records, please inquire of Kim Gillespie-Burnham, Human Resources Director.

The Board is an equal opportunity employer that does not discriminate on the basis of color, race, religion, sex, sexual orientation, age, marital status, national origin, disability, veteran status or any other classification protected by Federal, State or local law.

KILLINGLY PUBLIC SCHOOLS

APPLICATION FOR DISTRICT VOLUNTEERS

The following volunteer specific information is requested in an effort to identify and verify the particular assignment sought by a volunteer. This information will assist personnel from the district Human Resources Department and individual school administrators to determine volunteer placement and assignment.

I would like to be considered for the following placement and assignment. Please check all that apply:

- GOODYEAR EARLY LEARNING CENTER (PRE-K)

- KILLINGLY CENTRAL SCHOOL (GRADES K-1)

- KILLINGLY MEMORIAL SCHOOL (GRADES 2-4)

- KILLINGLY INTERMEDIATE SCHOOL (GRADES 5-8)

- KILLINGLY HIGH SCHOOL ATHLETIC DEPARTMENT

Please describe any other information that would assist the district in determining volunteer placement and assignment.

Signature: _____ Date: _____

AUTHORIZATION FOR RELEASE OF INFORMATION FOR DCF CPS SEARCH

DCF-3031

8/19 (Rev.)



I, (Applicant Name): _____ do hereby authorize the Department of Children and Families to research its records and if applicable request out of state checks, 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 <input type="checkbox"/> Day Care <input type="checkbox"/> <input checked="" type="checkbox"/> Volunteer <input type="checkbox"/> Intern <input type="checkbox"/> Mentor <input type="checkbox"/> Other: _____					(This area for DCF Use only) Date Processed: _____ Central Registry: <input type="checkbox"/> YES <input type="checkbox"/> NO Processor's Initials: _____				
Name of Agency (requesting background check): Killingly Public Schools			Attention: Superintendent of Schools						
Address: (No. and Street): 79 Westfield Avenue, PO Box 210		City: Killingly		State: CT	Zip: 06239				
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.									
Applicant Last Name	Applicant First Name:		Middle:	DOB:	SS:				
Applicant Address: (No. and Street):		Apartment #:	City:	State:	Zip:				
					Years at current address?" Years Months				
List All Previous Applicant Address(es) for the Last Five Years					<input type="checkbox"/> Check if an additional sheet is necessary, and attached				
Address: (No. and Street):		Apartment #:	City:	State:	Zip:				
Other Names I have Used – Including Maiden, Previous Marriages(s)					<input type="checkbox"/> Check if an additional sheet is necessary and attached				
Last Name	First Name:		Middle:	DOB:	SS:				
Name of Spouses/Other Adults in the Home – Past and Present					<input type="checkbox"/> Check if an additional sheet is necessary and attached				
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 an additional sheet is necessary and attached				
Last Name	First Name:		Middle:	DOB:	Gender:				
					<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Unknown				
					<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Unknown				
					<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Unknown				
					<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Unknown				
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									
How To Submit: Email: DCF.BackgroundCheck@ct.gov Fax: 860-560-7071 Mail: DCF-Background Check Unit, 505 Hudson Street, Hartford, CT 06106									
Please be advised that due to the large volume of forms received, we are unable to provide confirmation of receipt or status updates during the background check process. If, after 4 weeks, you do not receive the results of any form(s) you sent in or if you have any questions, please contact the BGC Unit.									

NCPA/VCA Waiver and Consent Form for Nonemployees and Volunteers

This form must be completed and signed by every current or prospective applicant for a position that cares for children, the elderly, or disabled pursuant to the National Child Protection Act of 1993 (NCPA), as amended by the Volunteers for Children Act (VCA). It must be completed before fingerprints are sent to the Connecticut State Police (CSP) and the Federal Bureau of Investigation (FBI).

I understand the following: 1.) My fingerprints will be used to check the criminal history records of the CSP and FBI; 2.) I can receive my state criminal history record from the CSP and a national criminal history record from the FBI pursuant to Title 28, Code of Federal Regulations, §16.30- 16.34; 3.) I can challenge the accuracy and completeness of any information contained in such criminal history records; 4.) The qualified entity may choose to deny me unsupervised access to children, the elderly, or the disabled under its care until my criminal history record check is completed; 5.) I may obtain a prompt determination as to the validity of my record challenge before a final decision is made.

I hereby authorize the qualified entity to submit a set of my fingerprints to the CSP and FBI under the NCPA/VCA. The qualified entity will receive and review my state and national fingerprint-based criminal history records to determine if I am fit to care for children, the elderly or disabled.

By signing this form, it is my intent to authorize the dissemination of my state and national fingerprint-based criminal history record to the qualified entity. I have read and understood the foregoing and the information provided is true and accurate to the best of my knowledge and belief.

ENTITY INFORMATION-The entity receiving the information.				
(Name) KILLINGLY PUBLIC SCHOOLS			TELEPHONE NO. 860-779-6609	
ADDRESS (No. and Street) 79 WESTFIELD AVENUE, PO BOX 210		(City or Town) KILLINGLY	(State) CT	(Zip Code) 06239
APPLICANT INFORMATION-The person being fingerprinted.				
NAME (Last)		(First)	DATE OF BIRTH (Month, Day, Year)	
ADDRESS (No. and Street)		(City or Town)	(State)	(Zip Code)
POSITION (Current or Prospective)- All applicants must have supervised or unsupervised access to children, the elderly, or individuals with				
<input type="radio"/> Owner <input type="radio"/> Operator <input type="radio"/> Employee <input checked="" type="radio"/> Volunteer <input type="radio"/> Contractor <input type="radio"/> Vendor <input type="radio"/> Paid Student Teacher <input type="radio"/> Unpaid Student Teacher <input type="radio"/> Other _____				
CRIMINAL HISTORY				
I have been convicted of or pled guilty to a crime. <input checked="" type="radio"/> No <input type="radio"/> Yes* * If yes is selected, provide the details and description of the crime/conviction below.				
SIGNATURE			DATE	

This document must be retained by the Qualified Entity.