

From: Michele Buerkle
Sent: Tuesday, March 10, 2015 1:41 PM
To: Carrie Swain
Subject: FW: Eagle Scout Service Project
Attachments: Navigating the Eagle Scout Service Project.pdf

-----Original Message-----

From: Andrew Manger [<mailto:andrew.whss@gmail.com>]
Sent: Thursday, February 12, 2015 9:22 AM
To: Michele Buerkle
Subject: Eagle Scout Service Project

Mrs. Buerkle,

Good morning. I am a member of the Boy Scouts of America, Troop 203. In the scouting program, each scout must lead a service project that will benefit the community to achieve the rank of Eagle Scout, the highest level in the Scouting program. It has come to my attention that our schools grounds has a large area of woods and I would like to install a nature trail into that area for my Eagle Scout Service Project. This trail would be used for educational purposes by the whole school complex, Wilby High and North End Middle School. The purpose of this project is to do a service for my community and by building a nature trail, it will enhance the learning experience of my peers and future students. The nature trail would consist of signs labeling all species of animals, trees, shrubs, and plants that live in that area as well as trail blazers to mark its path. An environmental science teacher in our school has also informed me that there is a vernal pool in that vicinity as well which would be perfect for study and observation. I have not yet drawn up a proposal or final plan because I have to receive permission from the Board of Education first. I would like to work with you to make a formal proposal to the Board. Attached is a through explanation of the Eagle Scout Project. Please email me back with your response and any questions you have.

Thank you,
Andrew Manger
Wilby High School
Boy Scouts of America

Navigating the Eagle Scout Service Project

Information for Project Beneficiaries

Thank You and Congratulations

Congratulations on your selection as an Eagle Scout service project beneficiary, and thank you for the opportunity you are making available to an Eagle Scout candidate. Support from community organizations is important to Scouting—just as important as Scouting's contributions are to the community. Scouts provide important services, and benefiting organizations such as yours provides a vehicle for personal growth.

The Eagle Scout Rank and the Service Project

Service to others is an important part of the Scout Oath: "... to help other people at all times." Each year tens of thousands of young men strive to achieve the coveted Eagle Scout rank by applying character, citizenship, and Scouting values in their daily lives. One of the rank requirements is to *plan, develop, and give leadership to others in a service project helpful to any religious institution, school, or community*. Through this requirement, Scouts practice what they have learned and gain valuable project management and leadership experience.

Typical Projects

There are thousands of possible Eagle Scout projects. Some involve building things, and others do not. There have been all kinds: making birdhouses for an arboretum, conducting bicycle safety rodeos, constructing park picnic tables or benches, upgrading hiking trails, planting trees, conducting well-planned blood drives, and on and on. Other than the general limitations noted below, there are no specific requirements for project scope or for how many hours are worked, and there is no requirement that a project have lasting value. What is most important is the *impact or benefit* the project will provide to your organization. In choosing a project, remember it must be something a group with perhaps limited skills can accomplish under the leadership of your Eagle Scout candidate. If your Scout is to fulfill the requirement, *he* must be the one to lead the project. It is important you work with him and not with his parents or leaders.

Project Restrictions and Limitations

- Fundraising is permitted only for facilitating a project. Efforts that primarily collect money, even for worthy charities, are not permitted.
- Routine labor, like a service a Scout may provide as part of his daily life such as mowing or weeding a church lawn, is not normally appropriate. However, if project scale and impact are sufficient to require planning and leadership, then it may be considered.
- Projects are not to be of a commercial nature or for a business, though some aspects of a business operation provided as a service, such as a community park, may qualify.
- The Scout is not responsible for any maintenance of a project once it is completed.

Approving the Project Proposal and Project Scheduling

Once a potential project is identified, you must approve your Scout's proposal. Regular communications can make this quick and easy, but be sure you have discussed and considered all aspects of the project with him and that he has a clear understanding of your expectations and limitations. Keep in mind his proposal is merely an overview—not a final, comprehensive plan.

Some projects may take only a few weeks or months to plan and carry out, while others may take longer. Scouts working toward the Eagle rank are typically busy, so scheduling flexibility may be important. The proposal must also have several approvals, besides yours, before final planning occurs and work begins. Therefore, if a proposed project must be completed by a certain rapidly approaching date, it may be a good idea to consider something different. Remember, too, that all work must be completed before the Scout's 18th birthday.

Approving Final Plans

After his proposal is approved by the BSA local council, your Scout must develop a plan for implementing the project. Before work begins, you should ask to see the plan. It may come in any format you desire or are willing to accept. It could even be a detailed verbal description. That said, the BSA includes a "Final Plan" form in your *Scout's Eagle Scout Service Project Workbook*, and we recommend that you ask your Scout to use it. If in your plan review you have any concerns the project may run into trouble or not produce the results you want, do not hesitate to require improvements before work begins.

Permits, Permissions, and Authorizations

- If the project requires building permits, etc., your Scout needs to know about them for his planning. However, your organization must be responsible for all permitting. This is not a duty for the Scout.
- Your organization must sign any contracts.
- If digging is involved, it is your responsibility to locate, mark, and protect underground utilities as necessary.
- If you need approval from a committee, your organization's management, or a parent organization, etc., be sure to allow additional time and let the Scout know if he is to assist with this.

Funding the Project

Eagle service projects often require fundraising. Donations of any money, materials, or services must be preapproved by the BSA unless provided by your organization; by the Scout, his parents, or relatives; or by his troop or its chartered organization. The Scout must make it clear to donors or fundraising event participants that the money is being raised on the project beneficiary's behalf, and that the beneficiary will retain any leftover funds. If receipts are needed, your organization must provide them. If your organization is not allowed to retain leftover funds, you should designate a charity to receive them or turn them over to your Scout's unit.

Supervision

To meet the requirement to "give leadership to others," your Scout must be given every opportunity to succeed independently without direct supervision. The Scout's troop must provide adults to assist or keep an eye on things, and your organization should also have someone available. The Scout, however, must provide the leadership necessary for project completion without adult interference.

Safety

Through the proposal and planning process, the Scout will identify potential hazards and risks and outline strategies to prevent and handle injuries or emergencies. Scouts as minors, however, cannot be held responsible for safety. Adults must accept this responsibility. Property owners, for example, are responsible for issues and hazards related to their property or employees and any other individuals or circumstances they would normally be responsible for controlling. If during project execution you have any concerns about health and safety, please share them with the Scout and his leaders so action may be taken. If necessary, you may stop work on the project until concerns are resolved.

Project Completion and Approval

After the project has been completed, your Scout will ask for your approval on his project report. The report will be used in the final review of his qualifications for the Eagle Scout rank. If the Scout has met your reasonable expectations, you should approve the project; if he has not, you should ask for corrections. This is not the time, however, to request changes or additions beyond what was originally agreed.

The Eagle Scout service project is an accomplishment a Scout will always remember. Your reward will be a helpful project and, more important, the knowledge you have contributed to a young man's growth.

Waterbury Public Schools

Request for Naming of School Buildings and/or School Spaces

Date: February 27, 2015

Facility or Building Name: Carrington School

Proposed building or space to be named: Carrington School's lower Field
at 24 Kenmore Ave. (location of old school building)

Requestor's Name: Robyn O'Neill Parent Liaison and Jean Creaven PTO President

Requestor's Address 24 Kenmore Ave. Waterbury

Requestor's Phone Number(s): School 2035748184 / Robyn's cell 2035258245
or Jean's cell 2035253456

Proposed individual(s) or group for whom the building or space is to be named:

In the honor of Scott Graves of Cromwell, Ct

Reasons for naming (attach any additional information to this form):

Mr. Graves was an employee of Clarence Welti Associates, who were hired to drill the soil for testing before the construction of the new school building was to begin. The machine he was operating flipped over on the unstable terrain and crushed Mr. Graves.

We feel that naming the field "Scotty's Field" would honor Mr. Graves, who was a supporter of Little League in his town of Cromwell CT. This small gesture celebrates his life as well as acknowledges the loss that his wife, five sons and one daughter have endured.

In the naming of this field we honor the sacrifice of his life, lost directly on the site of the field, during the early stages of construction. The new Carrington School building and this field will continue to improve the quality of learning and the lives of many Waterbury children who will attend Carrington School and play in this field in the years to come.

If applicable, materials needed (plaque, etc) and cost of materials (please note any costs associated with this request are the sole responsibility of the requestor):

We would like to have sign in place noting Scott Graves name and call the field "Scotty's Field." We have looked at cost of a sign and/or a bench with his name on it. The cost will be approximately \$300.00 to 400.00. The field will be used for the first time in the spring of 2015. We would like to have this name plate in place by that time or at latest before the end of the current 14-15 school year.

Our plan is to have students of Carrington participate in a ceremony/ribbon cutting opening the field in the Spring.

Thank you for your consideration.

Robyn O'Neill

Jean Creaven

Please submit this form and any attachments to the Clerk of the Board of Education at 236 Grand Street, 3rd floor, Waterbury, Connecticut 06702 or via email at cswain@waterbury.k12.ct.us

Naming of School Spaces (inside and outside)

In accordance with its responsibility to maintain control of the public schools in its jurisdiction, the Waterbury Board of Education hereby adopts the following policy for naming spaces inside schools and on school properties:

1. All requests to name school spaces should be submitted by the requestor to the Clerk of the Board of Education. The request must be made on the "Request for Naming of School Buildings and/or School Spaces" form and should identify the individual(s) for whom the space is to be named, the proposed location, rationale, and any related cost and supporting information.
2. Such requests will be referred to the Committee of the Whole for consideration. The committee will confer with the Principal of the designated school.
3. Recommendations from the Committee will be considered for action by the Board of Education for a minimum of 60 calendar days prior to vote to allow for public input on the proposal.
4. The request for spaces in new facilities will not be accepted until the facility has been in operation for one (1) calendar year.
5. All spaces will be named in perpetuity. Once named, spaces cannot be renamed except in extreme cases in which the name brings dishonor to the space/facility. Such circumstances will require a two-thirds (2/3) majority vote of the Board of Education to remove the name.

5/11 = 60dys
5/24 - meeting

NOTE: This policy does not apply to the naming of school buildings. A separate policy has been developed for that purpose. See policy 7551 – Naming of School Buildings.

#5a

Waterbury Public Schools 2014-2015

District Math Assessments Aligned to End of Year Common Core Expectations

		% of Students Approaching End of Year Expectations	% of Students Meeting End of Year Expectations	% of Students Approaching or Meeting End of Year Expectations	% Growth From BOY to MOY
Bucks Hill	BOY	21%	7%	28%	
	MOY	32%	19%	51%	23
Bunker Hill	BOY	34%	11%	45%	
	MOY	31%	34%	65%	20
Carrington	BOY	23%	9%	32%	
	MOY	31%	31%	62%	30
Chase	BOY	24%	7%	31%	
	MOY	26%	30%	56%	25
Driggs	BOY	23%	3%	26%	
	MOY	38%	22%	60%	34
Duggan	BOY	38%	15%	53%	
	MOY	39%	37%	76%	23
Generali	BOY	30%	11%	41%	
	MOY	32%	26%	58%	17
Gilmartin	BOY	26%	17%	43%	
	MOY	29%	34%	63%	20
Hopeville	BOY	32%	14%	46%	
	MOY	41%	25%	66%	20
Kingsbury	BOY	27%	13%	40%	
	MOY	31%	30%	61%	21
Maloney	BOY	25%	4%	29%	
	MOY	33%	14%	47%	18
Reed	BOY	23%	4%	27%	
	MOY	46%	25%	71%	44
Regan	BOY	25%	6%	31%	
	MOY	40%	25%	65%	34
Rotella	BOY	38%	11%	48%	
	MOY	38%	31%	68%	20
Sprague	BOY	25%	3%	28%	
	MOY	29%	24%	53%	25
Tinker	BOY	26%	17%	42%	
	MOY	32%	44%	76%	34
Walsh	BOY	29%	3%	32%	
	MOY	30%	13%	43%	11
Washington	BOY	29%	11%	40%	
	MOY	31%	36%	67%	27
Wendell C	BOY	23%	2%	25%	
	MOY	41%	48%	89%	64
Wilson	BOY	31%	3%	34%	
	MOY	34%	28%	62%	28
District	BOY	28%	9%	37%	
	MOY	34%	29%	63%	26

#5a

Waterbury Public Schools

ELA % of Students Meeting Proficiency/Benchmark

	2012-2013		2013-2014		2014-2015	
	Fall	Winter	Fall	Winter	Fall	Winter
Buck's Hill	40	23	29	19	29	40
Bunker Hill*	58	53	63	51	53	53
Carrington*	48	52	61	56	58	57
Chase*	47	48	57	56	48	52
Driggs	33	22	44	28	46	49
Duggan	28	32	41	36	46	46
Generali	42	26	44	25	52	62
Gilmartin	48	39	51	31	52	52
Hopeville	28	22	31	21	35	43
Kingsbury	40	31	45	32	50	53
Maloney	60	45	61	55	73	73
Reed	34	22	34	23	45	44
Regan	34	42	40	42	51	66
Rotella	63	58	60	55	67	75
Sprague*	20	19	51	51	53	53
Tinker	52	51	63	58	54	63
W. Cross	37	28	46	40	52	62
Walsh	16	16	27	20	35	37
Washington	33	31	47	52	44	50
Wilson	41	32	38	31	42	46
District Avg. (n%)	41.9	36.7	48.4	40.8	49.4	54.1
Avg. Growth from BOY to MOY (n%)	-5.2%		-7.6%		4.7%	
Growth Comparisons	District Growth from BOY 2012 to BOY 2014 = 7.5%					
Growth Comparisons	District Growth from MOY 2012 to MOY 2014 = 17.4%					
	DRA2-All Schools Except: DIBELS Next for Bunker Hill, Carrington & Chase		DRA2- All Schools Except: DIBELS Next for Bunker Hill, Carrington, Chase & Sprague		DIBELS Next All Schools	

#5b

Network School 2014-15 Progress Tracker

District: Waterbury Public Schools
1/23/2015
Network School: Walsh Elementary School

Quarter 1 Updates			
Rubric Indicator	Areas of Significant Progress	Rubric	Areas for Growth
1.1. Instructional Leadership	Project Child implementation has begun. Students are working in "station" 2 days a week	3.1. School environment	Walsh School is listed as last resort for transfers in. Due to districtwide seat shortages, and Walsh having the smallest class sizes currently, Walsh has received 80 students who would be assigned to other schools.
3.3. Student behavior	In school Suspension is down 84% from same point of year Out of School Suspension down 66%	3.3. Student behavior	Out of school suspension center is still under development
1.4. Professional development	Additional training days were created to give all teachers opportunities to see model Project Child classrooms. Teachers and Administrators have visited a more established Project Child School to see implementation.	2.6. Assessment system and data culture	207 students are substantially deficient after first mClass assessment. 10% of schools performed at benchmark on the Math Assessment
3.3. Student behavior	Chronic absenteeism is 4% lower over the same period last year. 20.5 down to 16%.	4.2. Use of instructional time*	With the implementation of Project Child, Walsh school has been off track with district timeline for implementation of curriculum
Next Steps (to be completed during the monitoring meetings)			
Action		Owner	Deadline
	Have clear goals and objectives for parent liaison and FRC including defining responsibilities for home visits, student check-ins, etc.		
	Provide professional development in culturally responsive teaching		
	Define expectations and increase rigor		
	Establish out of school suspension room		
	Continue to provide support and professional development for the implementation of Project Child		

Quarter 2 Updates			
Rubric Indicator	Areas of Significant Progress	Rubric	Areas for Growth
1.1. Instructional Leadership	100% of teaching staff have visited another project CHILD School for Professional Development	2.6. Assessment system and data culture	20% of schools performed at benchmark on the Math Assessment
2.2. Student engagement*	The number of truant students have dropped from 171 to 30 for same period last year. 36 Students have perfect attendance. Truancy Clinic has supported this reduction	3.3. Student behavior	Out of school suspension center is still under development. We are working with WaterburyYouth Services.
3.3. Student behavior	In school Suspension down 50% over same period last year	1.4. Professional development	Additional Professional Development needed in Literacy and Math
2.6. Assessment system and data culture	Teachers meet twice a week before school to anaylze data and collaborate	3.3. Student behavior	While the number of students committing suspendable offenses has decreased. The team must do more work to reduce the number of incidents
Next Steps (to be completed during the monitoring meetings)			
Action		Owner	Deadline
1			
2			
3			

#6

REVISED 10/1/11

REQUEST FOR FIELD TRIP

**ALL FIELD TRIP FORMS MUST BE FAXED (203-574-8010) OR EMAILED TO THE
SCHOOL'S INSTRUCTIONAL LEADERSHIP DIRECTOR.
ALL FIELD TRIPS REQUEST MUST INCLUDE THE APPROPRIATE COVER SHEET**

- ☒ **OUT OF STATE – MUST BE RECEIVED FIVE (5) WEEKS PRIOR TO TRIP**
- ☐ **IN STATE – MUST BE RECEIVED THREE (3) WEEKS PRIOR TO TRIP**

This request must be approved prior to collecting or committing any funds such as down payments or making definite arrangements.

Date Submitted: 2/25/2015 Name of Travel Agency (if applicable): N/A

1) Requested by: Wendy Yatsenick J.F. Kennedy 11/12

Name of Staff Member School Grade level/Subject

2) How many students? 20

3) Name of destination Museum of Science, Boston, Mass.

4) City/State of destination: Boston, Mass.

5) Departure: Tuesday 3/31 7:30 a.m.

Day Date Time

6) Return: Tuesday 3/31 6:00 p.m.

Day Date Time

7) Is school in session during this field trip? Yes

8) What unit in the curriculum does this field trip support?

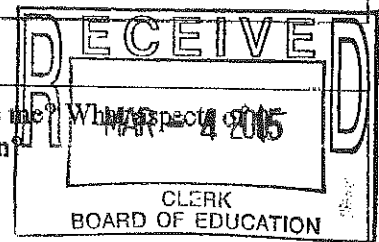
Post- Secondary Planning, Career Exploration.
Biological Sciences/Human Anatomy and Physiology

9) What are the Common Core State Standards this field trip supports?

2b: Promoting student engagement and shared responsibility for learning
CCS-ELA-6-12 Speaking and Listening Standards(SL) Cluster 2, Presentation of Knowledge and ideas.

10) What are the guiding questions from the curriculum this field trip will answer?

Which aspects of Sports Medicine and Nutrition/what types of medical careers appeal to me? What aspects of anatomy are included in the aforementioned careers? How does the human body function?



11) What expected performances will be taught by this field trip?

How to evaluate, inquire, and explore careers in Sports Medicine and Nutrition. View current anatomical exhibit: *Hall of Human Life*

12) How will you assess the learning that results from this field trip?

Track # of students who attended, participated and will participate going forward, as this is a year- long grant program. Pre and post learning assessments to be administered.

13) Explain what educational value this field trip offers the students:

Opportunity to tour, learn about anatomy; participate in team building activities and explore aspects of careers in Sports Medicine and Nutrition.

14) Transportation: Type/name of Approved PUC Carrier

Peter Pan Bus Co.

15) Name(s) and phone number(s) of person(s) responsible for organizing this trip:

Name	Phone Number	Name	Phone Number
1. Wendy Yatsenick	203-768-7461	4	
2. Craig Poulter	203-560-9123	5.	
3		6	

16) Name(s) of person(s) supervising students. **NOTE: One (1) chaperone for every ten (10) students.**

Teacher(s) as chaperones: Wendy Yatsenick, Craig Poulter

Aides(s) as chaperones: N/A

Parent(s) as chaperones: N/A

17) How is this trip financed: (If it's fund raising activities, list the fund raising activities. If it's a grant, give title and number of the grant, student contributions, etc.)

"Careers in Sports Medicine and Nutrition" Interdistrict Grant Program (Eli Whitney Museum)

18) What is the approximate cost per pupil for this trip?

0

19) Is any student excluded from attending this trip? Yes ☐ No ☒ If yes, explain why:

20) What is the approximate cost all chaperones?

0

21) How many substitutes are necessary? (If none specify)

Teacher	Subject/Grade	Teacher	Subject/Grade
1.		4.	
2.		5.	
3.		6.	

22) The medication(s) and/or procedure(s), as prescribed by the student(s) physician, will be provided while participating in the field trip

Yes ☒ No ☐

Margaret Owens RN
Signature of School Nurse

2-27-15
Date

23) This field trip request meets the needs of the BOE policy? Yes ☒ No ☐

Is this field trip recommended? Yes ☒ No ☐

Arrangements for students(s) medial needs have been made Yes ☒ No ☐

[Signature]
Signature of School Principal

3/2/15
Date

CENTRAL OFFICE RESPONSE

24) This field trip request has been reviewed and approved at the Superintendent's level ☐

This field trip request has been reviewed and is not approved ☐

[Signature]
Signature of Superintendent/Designee/ILD

Anne Marie Collins
Date

25) This field trip request required Board of Education action for out of state or overnight field trip was approved/denied by the Board of Education during its meeting of _____

Signature of BOE/Designee

Date

A copy of this request, when approved, will be returned to the School Principal.

REQUEST FOR FIELD TRIP

Revised 07/17/13

ALL FIELD TRIP FORMS MUST BE FAXED (203-574-8010) OR EMAILED TO THE
SCHOOL'S INSTRUCTIONAL LEADERSHIP DIRECTOR.
ALL FIELD TRIPS REQUEST MUST INCLUDE THE APPROPRIATE COVER SHEET

- ☒ OUT OF STATE - MUST BE RECEIVED FIVE (5) WEEKS PRIOR TO TRIP
☐ IN STATE - MUST BE RECEIVED THREE (3) WEEKS PRIOR TO TRIP

*This request must be approved prior to collecting or committing any funds such
as down payments or making definite arrangements.*

Date Submitted: Friday, February 6, 2015 Name of Travel Agency (if applicable): N/A

1) Requested by: M.VAGNINI & P.STERLING WAMS MUSIC 6-12

Name of Staff Member School Grade level/Subject

2) How many students? 175

3) Name of destination: EAST LONGMEADOW HIGH SCHOOL AND SIX FLAGS AMUSEMENT PARK

4) City/State of destination: EAST LONGMEADOW, MA AND AGAWAM, MA

5) Departure: FRIDAY, JUNE 5, 2015 9 A.M.

Day Date Time

6) Return: FRIDAY JUNE 5 2015 9 P.M.

Day Date Time

7) Is school in session during this field trip? YES

8) What unit in the curriculum does this field trip support?

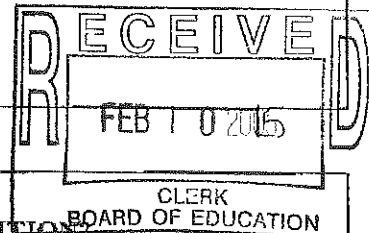
THIS PERFORMANCE IS A COMPREHENSIVE ASSESSMENT OF SKILLS AND KNOWLEDGE ACQUIRED DURING THIS SCHOOL YEAR.

9) What are the Common Core State Standards this field trip supports?

STATE STANDARD #2 PERFORM (SELECT, ANALYZE, INTERPRET, REHEARSE, EVALUATE, REFINE AND PRESENT) DIVERSE ART WORKS IN EACH ART FORM.
CCT DOMAIN 4 INSTRUCTION FOR ACTIVE LEARNING (4C)
CCT DOMAIN 5 ASSESSMENT FOR LEARNING (5 A&B)

10) What are the guiding questions from the curriculum this field trip will answer?

HOW DO OUR STUDENTS HANDLE THE PRESSURE OF A MUSIC COMPETITION?
HOW DOES THE WAMS BAND AND MS CHORUS PERFORMANCE COMPARE TO OTHER BANDS AND CHORAL GROUPS COMPARE TO OTHER BANDS FROM THIS REGION AND BEYOND?



11) What expected performances will be taught by this field trip?

STUDENTS WILL BE ABLE TO RECOGNIZE AND APPRECIATE A HIGH QUALITY OF MUSICAL ACHIEVEMENT BY THEMSELVES AND THEIR PEERS. BOTH GROUPS MUST MAINTAIN PROFESSIONALISM AND DISCIPLINE THROUGHOUT THE PERFORMANCE PROCESS.

12) How will you assess the learning that results from this field trip?

STUDENTS WILL WRITE A RESPONSIVE ESSAY ON THEIR EXPERIENCE OF THIS COMPETITION.

13) Explain what educational value this field trip offers the students:

A CHORAL AND BAND MUSIC COMPETITION

14) Transportation: Type/name of Approved PUC Carrier

ALL STAR BUS COMPANY

15) Name(s) and phone number(s) of person(s) responsible for organizing this trip:

Name	Phone Number	Name	Phone Number
1. MVAGNINI	203-573-6300	4	
2. P. STERLING	203-414-9144	5.	
3		6	

16) Name(s) of person(s) supervising students. **NOTE: One (1) chaperone for every ten (10) students.**

Teacher(s) as chaperones:
M.VAGNINI, P.STERLING, M.CASE

Aides(s) as chaperones:

Parent(s) as chaperones: Mrs. Soto, Mrs. Parker, Ms. Neri, Mrs. Patrick, Ms. Fedrick, Ms. Cruz, Mr. Walker, Mrs. Blake, Mrs. Kenyon, Mrs DellaRosa, Mr. Dadamo, Mrs. Faria, Mrs. Harris, Mr. Hunter, Mr. Kelly, Mr. Lewis, Mr. Llanos, Mrs. Taylor, Mr. Sodoti, Mrs. Ferguson.

17) How is this trip financed: (If it's fund raising activities, list the fund raising activities. If it's a grant, give title and number of the grant, student contributions, etc.)

STUDENT FUNDS, SCHOOL MUSIC DEPT FUNDS

18) What is the approximate cost per pupil for this trip?

\$47.00. PER STUDENT

19) Is any student excluded from attending this trip? Yes ☐ No ☒ If yes, explain why:

20) What is the approximate cost all chaperones?

\$35.00

21) How many substitutes are necessary? 3 (If none specify)

Teacher	Subject/Grade	Teacher	Subject/Grade
M. VAGNINI	MUSIC 6-12	4.	
2. P. STERLING	MUSIC 6-12	5.	
3. M. CASE	MUSIC 6-12	6.	

22) The medication(s) and/or procedure(s), as prescribed by the student(s) physician, will be provided while participating in the field trip **1 to 1 Nurse may be required for field trip**

Yes ☒ No ☐

Christina Wilson
Signature of School Nurse

2/5/15
Date

23) This field trip request meets the needs of the BOE policy? Yes ☒ No ☐

Is this field trip recommended? Yes ☒ No ☐

Arrangements for students(s) medical needs have been made Yes ☒ No ☐

Laura Elias
Signature of School Principal

2-5-15
Date

CENTRAL OFFICE RESPONSE

24) This field trip request has been reviewed and approved at the Superintendent's level ☒

This field trip request has been reviewed and is ~~not~~ approved ☐

M. Cell
Signature of Superintendent/Designee/ILD

2-7-15
Date

25) This field trip request required Board of Education action for out of state or overnight field trip was approved/denied by the Board of Education during its meeting of _____

Signature of BOE/Designee

Date

A copy of this request, when approved, will be returned to the School Principal.

COMMITTEE ON SCHOOL FACILITIES & GROUNDS

WORKSHOP: Thurs., March 12, 2015 (Kennedy H.S.)
BOARD MEETING: Thurs., March 19, 2015

TO THE BOARD OF EDUCATION
 WATERBURY, CONNECTICUT

LADIES AND GENTLEMEN:

With the approval of the Committee on School Facilities and Grounds, the Superintendent of Schools recommend approval of the use of school facilities, at no charge, by the following school organizations and/or City departments:

GROUP	FACILITIES AND DATES/TIMES
M. Rocco	W. Cross lib.: Tues., April 21st 4:30-9:00pm (Parapro Test)
	W. Cross lib.: Thurs., May 21st 4:30-9:00pm (Parapro Test)
Adult Educ.	Kennedy rms.: Mondays 3/9-4/21/15 6-8pm (sewing instruction)
	Thurs. 3/12-5/28/15 6:30-8:30pm (Medicare class)
	Tues. 3/10-4/14/15 6:30-8:30pm (Italian I class)
	Mon. 3/9-4/20/15 6-8pm (photography class)
	Wed. 3/11-5/13/15 6-8pm (photoshop)
	Mon. 3/16-5/18/15 6-8pm (computer class)
	Thurs. 3/19-5/21/15 6-8pm (basic computer class)
	Mon. 3/16-5/15/15 6:30-8:30pm (meditation class)
	Tues. 3/10-4/10-15 6-8pm (American sign language)
	Tues. 4/14-5/15/15 6-8pm (blackjack)
	Mon. 3/9-4/6/15 6:30-8:30pm (Spanish I)
	WSMS rms.: Thurs. 3/12-4/23/15 6:30-8:30pm (Cooking)
M.A. Petrillo	Bunker Hill gym: Wed., Apr. 1st 6-8pm (Spring Festival)
C. Damone	Wilson gym: Mon. Mar. 23rd 4:30-7:00pm (Math workshop)
J. Hutchings	WAMS atrium: Fri., Apr. 17th 5-7pm (Café International)
E. Racine	Reed art rm.: 3/16-6/16/15 3-5pm (afterschool art program)
	Reed café: Fri., Mar. 27th 3-5pm (PBIS incentive Dance)
D. Currier	Chase gym: 3/19/15 6-7pm (Family Zumba night)
P. Poulter	Regan all purpose rm.: Thurs., Mar. 19th 6-8pm (Book Bingo Night)
Adele Jorge Nelson	Gilmartin café: Mon. & Tues., Mar. 23 & 24 3:30-6:00pm (Bilingual mtg.)
Azzalee Edwards	Tinker gym: Thurs., Mar. 19th 3-8pm (Family Night)
L. Lombardi	Rotella aud., gym, & café: Thurs., Mar. 19th 5-7pm (Family Fitness Night)
J. Gopie	WAMS recital hall: Thurs., Apr. 2nd 4:00-8:30pm (LINKS Health Lecture)

Approved:

Felix M. Rodriguez

Kathleen M. Ouellette, Ed. D.
 Superintendent of Schools

SCHOOL PERSONNEL USE ONLY

MAR - 5 2015

DATE: 3/4/15

TO: SCHOOL BUSINESS OFFICE

FROM: M. Rocco

The undersigned hereby makes application for use of school facilities (after regular school hours) as follows:

NAME OF SCHOOL REQUESTED: W. Cross

☐ Auditorium

☐ Gymnasium

☐ Swimming Pool

☒ Café/Rooms Library

DATES REQUESTED: Tues, April 21, 2015

FROM: 4:30 am/pm

TO: 9:00 am/pm

FOR THE FOLLOWING PURPOSES:

Parr pro test

M. Rocco
APPLICANT

Please note the following provisions:

When the public is invited to an activity, police and fire departments must be notified. These arrangements *must* be made in person at the police and fire headquarters.

SCHOOL PERSONNEL USE ONLY

MAR -5 2015

DATE:

3/4/15

TO: SCHOOL BUSINESS OFFICE

FROM:

M. Pocco

The undersigned hereby makes application for use of school facilities (after regular school hours) as follows:

NAME OF SCHOOL REQUESTED:

W. Cross

☐

Auditorium

☐

Gymnasium

☐

Swimming Pool

☒

Café/Rooms

DATES REQUESTED:

Thurs. May 21, 2015

FROM:

4:30

am/pm

TO:

9:00

am/pm

FOR THE FOLLOWING PURPOSES:

Panama Pool Test

M. Pocco

APPLICANT

Please note the following provisions:

When the public is invited to an activity, police and fire departments must be notified. These arrangements *must* be made in person at the police and fire headquarters.

8032

MAR -5 2015

SCHOOL PERSONNEL USE ONLY

DATE: 03/04/2015

TO: SCHOOL BUSINESS OFFICE

FROM: Marisa Mancini-Cavallo, Adult Education

The undersigned hereby makes application for use of school facilities (after regular school hours) as follows:

NAME OF SCHOOL REQUESTED: Kennedy High School☐ Auditorium☐ Gymnasium☐ Swimming Pool☒ Café/Rooms

DATES REQUESTED:

Monday (only) 3/09/15 thru 4/27/15
FROM: 6⁰⁰ am/pm TO: 8⁰⁰ am/pmFOR THE FOLLOWING PURPOSES:Sewing Room for Enrichment
APPLICANT

.....

Please note the following provisions:

When the public is invited to an activity, police and fire departments must be notified. These arrangements *must* be made in person at the police and fire headquarters.

12001

SCHOOL PERSONNEL USE ONLY

DATE:

03/03/2015

TO: SCHOOL BUSINESS OFFICE

FROM: Marisa Mancini-Cavallo, Waterbury Adult Education

The undersigned hereby makes application for use of school facilities (after regular school hours) as follows:

NAME OF SCHOOL REQUESTED: Kennedy High School

☐ Auditorium☐ Gymnasium☐ Swimming Pool☒ Café/Rooms

DATES REQUESTED: 3/12/15 - 3/26/15, 4/16/15, 4/30/15, 5/14/15

FROM: 6³⁰ am/pmTO: 8³⁰ am/pm

5/28/15

FOR THE FOLLOWING PURPOSES:

Medicare 101-Enrichment

If available Room 101B-Harkgm

Marisa Mancini-Cavallo

APPLICANT

Please note the following provisions:

When the public is invited to an activity, police and fire departments must be notified. These arrangements *must* be made in person at the police and fire headquarters.

SCHOOL PERSONNEL USE ONLY

DATE:

03/03/2015

TO: SCHOOL BUSINESS OFFICE

FROM: Marisa Mancini-Cavallo, Waterbury Adult Education

The undersigned hereby makes application for use of school facilities (after regular school hours) as follows:

NAME OF SCHOOL REQUESTED: Kennedy High School

☐ Auditorium☐ Gymnasium☐ Swimming Pool☒ Café/Rooms

DATES REQUESTED:

Tuesday, March 10 - 4/14/15

FROM:

6:30 am/pm

TO:

8:30 am/pm

FOR THE FOLLOWING PURPOSES:

Italian I Classroom -
Enrichment Program

Marisa Mancini-Cavallo
APPLICANT

.....

Please note the following provisions:

When the public is invited to an activity, police and fire departments must be notified. These arrangements *must* be made in person at the police and fire headquarters.

12/10/14

SCHOOL PERSONNEL USE ONLY

DATE:

03/03/2015

TO: SCHOOL BUSINESS OFFICE

FROM: Marisa Mancini-Cavallo, Waterbury Adult Education

The undersigned hereby makes application for use of school facilities (after regular school hours) as follows:

NAME OF SCHOOL REQUESTED: Kennedy High School

☐ Auditorium☐ Gymnasium☐ Swimming Pool☒ Café/Rooms

DATES REQUESTED: 3/9/15 — 4/20/15 — Monday only

FROM: 6⁰⁰ am/pmTO: 8⁰⁰ am/pm

FOR THE FOLLOWING PURPOSES:

Taking Control of your Camera

Enrichment Program

APPLICANT

Please note the following provisions:

When the public is invited to an activity, police and fire departments must be notified. These arrangements *must* be made in person at the police and fire headquarters.

hook

SCHOOL PERSONNEL USE ONLY

MAR - 5 - 2015

DATE: 03/04/2015

TO: SCHOOL BUSINESS OFFICE

FROM: Marisa Mancini-Cavallo, Adult Education

The undersigned hereby makes application for use of school facilities (after regular school hours) as follows:

NAME OF SCHOOL REQUESTED: Kennedy High School☐ Auditorium☐ Gymnasium☐ Swimming Pool☒ Café/RoomsDATES REQUESTED: 3/11/15 - 5/13/15FROM: 6¹⁰ am/pmTO: 8⁰⁰ am/pm

Wednesdays

FOR THE FOLLOWING PURPOSES:

Photoshop -

Marisa Mancini-Cavallo
APPLICANT

Please note the following provisions:

When the public is invited to an activity, police and fire departments must be notified. These arrangements *must* be made in person at the police and fire headquarters.

SCHOOL PERSONNEL USE ONLY

DATE: 03/04/2015

TO: SCHOOL BUSINESS OFFICE

FROM: Marisa Mancini-Cavallo, Adult Education

The undersigned hereby makes application for use of school facilities (after regular school hours) as follows:

NAME OF SCHOOL REQUESTED: Kennedy High School☐ Auditorium

Gymnasium



Swimming Pool



Café/Rooms

DATES REQUESTED: 3/16/15 - May 18, 2015FROM: 6⁰⁰

am/pm

TO: 8⁰⁰

am/pm

Monday's
FOR THE FOLLOWING PURPOSES:Excel - Computer Room
EnrichmentMarisa Mancini-Cavallo
APPLICANT

Please note the following provisions:

When the public is invited to an activity, police and fire departments must be notified. These arrangements *must* be made in person at the police and fire headquarters.

SCHOOL PERSONNEL USE ONLY

DATE: 03/04/2015

TO: SCHOOL BUSINESS OFFICE

FROM: Marisa Mancini-Cavallo, Adult Education

The undersigned hereby makes application for use of school facilities (after regular school hours) as follows:

NAME OF SCHOOL REQUESTED: Kennedy High School☐ Auditorium☐ Gymnasium☐ Swimming Pool☒ Café/Rooms

DATES REQUESTED:

3/19/2015 — 5/21/15

FROM:

6⁰⁰ am/pm

TO:

8⁰⁰ am/pm

FOR THE FOLLOWING PURPOSES:

Basic Computer Class
for Enrichment


APPLICANT

Please note the following provisions:

When the public is invited to an activity, police and fire departments must be notified. These arrangements *must* be made in person at the police and fire headquarters.

SCHOOL PERSONNEL USE ONLY

DATE:

03/03/2015

TO: SCHOOL BUSINESS OFFICE

FROM: Marisa Mancini-Cavallo, Waterbury Adult Education

The undersigned hereby makes application for use of school facilities (after regular school hours) as follows:

NAME OF SCHOOL REQUESTED: Kennedy High School

☐ Auditorium☐ Gymnasium☐ Swimming Pool☒ Café/Rooms

DATES REQUESTED:

3/16/15 - 5/15/15

FROM:

6:30 am/pm

TO:

8:30 am/pm

FOR THE FOLLOWING PURPOSES:

Beginning Meditation Course

Enrichment Program

Marisa Mancini-Cavallo
APPLICANT

Please note the following provisions:

When the public is invited to an activity, police and fire departments must be notified. These arrangements *must* be made in person at the police and fire headquarters.

SCHOOL PERSONNEL USE ONLY

DATE:

03/03/2015

TO: SCHOOL BUSINESS OFFICE

FROM: Marisa Mancini-Cavallo, Waterbury Adult Education

The undersigned hereby makes application for use of school facilities (after regular school hours) as follows:

NAME OF SCHOOL REQUESTED: Kennedy High School

☐ Auditorium☐ Gymnasium☐ Swimming Pool☒ Café/Rooms

DATES REQUESTED:

3/10/15 —

4/10/15

FROM:

6⁰⁰

am/pm

TO:

8⁰⁰

am/pm

FOR THE FOLLOWING PURPOSES:

American Sign Language

Enrichment Program

APPLICANT

Please note the following provisions:

When the public is invited to an activity, police and fire departments must be notified. These arrangements *must* be made in person at the police and fire headquarters.

SCHOOL PERSONNEL USE ONLY

DATE:

03/03/2015

TO: SCHOOL BUSINESS OFFICE

FROM: Marisa Mancini-Cavallo, Waterbury Adult Education

The undersigned hereby makes application for use of school facilities (after regular school hours) as follows:

NAME OF SCHOOL REQUESTED: Kennedy High School

☐ Auditorium ☐ Gymnasium ☐ Swimming Pool ☒ Café/Rooms

DATES REQUESTED: 4/14/15 - 5/15/15FROM: 6⁰⁰ am/pm TO: 8⁰⁰ am/pm

Tuesdays

FOR THE FOLLOWING PURPOSES:

Blackjack - Enrichment Program

Marisa Mancini-Cavallo
APPLICANT

Please note the following provisions:

When the public is invited to an activity, police and fire departments must be notified. These arrangements *must* be made in person at the police and fire headquarters.

SCHOOL PERSONNEL USE ONLY

MAR - 6 2015

DATE:

03/03/2015

TO: SCHOOL BUSINESS OFFICE

FROM: Marisa Mancini-Cavallo, Waterbury Adult Education

The undersigned hereby makes application for use of school facilities (after regular school hours) as follows:

NAME OF SCHOOL REQUESTED: Kennedy High School

☐ Auditorium☐ Gymnasium☐ Swimming Pool☒ Café/Rooms

DATES REQUESTED:

3/9/15 -

4/6/15

FROM:

6:30 am/pm

TO:

8:30 am/pm

FOR THE FOLLOWING PURPOSES:

Spanish I classroom

Enrichment Program

APPLICANT

Please note the following provisions:

When the public is invited to an activity, police and fire departments must be notified. These arrangements *must* be made in person at the police and fire headquarters.

SCHOOL PERSONNEL USE ONLY

DATE:

03/03/2015

TO: SCHOOL BUSINESS OFFICE

FROM: Marisa Mancini-Cavallo, Waterbury Adult Education

The undersigned hereby makes application for use of school facilities (after regular school hours) as follows:

NAME OF SCHOOL REQUESTED: Westside Middle School

☐ Auditorium☐ Gymnasium☐ Swimming Pool☒ Café/Rooms

DATES REQUESTED:

3/12/15

4/23/15

FROM:

6:30

am/pm

TO:

8:30

am/pm

FOR THE FOLLOWING PURPOSES:

Kitchen - Cooking with Rose

Enrichment Program

APPLICANT

Please note the following provisions:

When the public is invited to an activity, police and fire departments must be notified. These arrangements *must* be made in person at the police and fire headquarters.

SCHOOL PERSONNEL USE ONLY

TO: SCHOOL BUSINESS OFFICE

FROM: MaryAnn Petrillo

THE UNDERSIGNED HEREBY MAKES APPLICATION FOR USE OF SCHOOL FACILITIES (AFTER REGULAR SCHOOL HOURS) AS FOLLOWS:

NAME OF SCHOOL REQUESTED: Bunker Hill☐ AUDITORIUM ☒ GYMNASIUM ☐ SWIMMING POOL ☐ CAFE/ROOMSDATES REQUESTED: April 1, 2015FROM 6 AM/PM TO 8 AM/PM

FOR THE FOLLOWING PURPOSES:

New date - April 1 (Spring Festival)
* Please cancel old request for
March 25. Thank you

MaryAnn Petrillo
APPLICANT (Parent Liaison)

Please note the following provisions:

When the public is invited to an activity, police and fire departments must be notified.
These arrangements *must* be made in person at police and fire headquarters.

SCHOOL PERSONNEL USE ONLY

DATE: 3/2/15

TO: SCHOOL BUSINESS OFFICE

FROM: Christina Damore - Woodrow Wilson parent
HaismTHE UNDERSIGNED HEREBY MAKES APPLICATION FOR USE OF SCHOOL
FACILITIES (AFTER REGULAR SCHOOL HOURS) AS FOLLOWS:NAME OF SCHOOL REQUESTED: Woodrow Wilson Elementary☐ AUDITORIUM ☒ GYMNASIUM ☐ SWIMMING POOL ☐ CAFE/ROOMSDATES REQUESTED: 3/23/15FROM 4:30 am/pm TO 7:00 am/pm

FOR THE FOLLOWING PURPOSES:

A Math Workshop to inform parents
about Common Core Math and provide
parents with tools and information on how
they could support student at home.Christina Damore
APPLICANT

Please note the following provisions:

When the public is invited to an activity, police and fire departments must be notified.
These arrangements must be made in person at police and fire headquarters.CANCEL
PAL

RETURN TO MS. SKRAPITS

SCHOOL PERSONNEL USE ONLY

MAR - 3 2015

DATE: 2/27/15

TO: SCHOOL BUSINESS OFFICE

FROM: J. Hutchings

The undersigned hereby makes application for use of school facilities (after regular school hours) as follows:

NAME OF SCHOOL REQUESTED: WAMS☐ Auditorium☐ Gymnasium☐ Swimming Pool☐ Café/RoomsAtriumDATES REQUESTED: 4/17/15FROM: 5:00 am/pmTO: 7:00 am/pm

FOR THE FOLLOWING PURPOSES:

Cafe InternationalJeanne Hutchings
APPLICANT*****
Please note the following provisions:

When the public is invited to an activity, police and fire departments must be notified.
These arrangements *must* be made in person at the police and fire headquarters.

(R)

MAR - 3 2015

SCHOOL PERSONNEL USE ONLY

TO: SCHOOL BUSINESS OFFICE

FROM: Reed FRC Coordinator, Ernst Racine, Jr.

The undersigned hereby makes application for use of school facilities (after regular school hours) as follows:

NAME OF SCHOOL REQUESTED: Jonathan Reed Elementary

☐ Auditorium ☐ Gymnasium ☐ Swimming Pool ☒ Art Room ☐ Music Room

DATES REQUESTED: March 16th-June 16th 2015FROM: 3pm TO: 5pm

FOR THE FOLLOWING PURPOSES:

The Reed Elementary School FRC will be hosting an after school program (Creative Art Club). This club will provide students in grades 3-7 an opportunity to be in a educationally stimulating, safe and fun environment that has a central focus on assisting students with tapping into their artistic ability. This program will also provide light homework help. During this after school program, there will need to be use of the Art Room.

Ernst Racine, Jr., Reed FRC Coordinator

APPLICANTPlease note the following provisions:

When the public is invited to an activity, police and fire departments must be notified. These arrangements *must* be made in person at the police and fire headquarters.

SCHOOL PERSONNEL USE ONLY

FEB 27 2015

DATE: 2-27-15

TO: SCHOOL BUSINESS OFFICE

FROM:

Doreen Currier

The undersigned hereby makes application for use of school facilities (after regular school hours) as follows:

NAME OF SCHOOL REQUESTED:

Chase School

☐

Auditorium

☒

Gymnasium

☐

Swimming Pool

☐

Café/Rooms

DATES REQUESTED:

March 19, 2015

FROM:

6

am/pm

TO:

7

am/pm

FOR THE FOLLOWING PURPOSES:

Family Zumba Night.

Doreen Currier
APPLICANT

Please note the following provisions:

When the public is invited to an activity, police and fire departments must be notified. These arrangements *must* be made in person at the police and fire headquarters.

SCHOOL USE FORM

FEB 27 2015

DATE:

2/27/15

TO:

SCHOOL BUSINESS OFFICE
(ATTN: SANDY MCCASLAND)
FX #: 574-8032 PHONE #: 574-8034

FROM:

Regan School PTO

THE UNDERSIGNED HEREBY MAKES APPLICATION FOR USE OF SCHOOL FACILITIES (AFTER REGULAR SCHOOL HOURS) AS FOLLOWS:

NAME OF SCHOOL REQUESTED:

Regan School

AUDITORIUM

GYMNASIUM

SWIMMING POOL

CAFE/ROOMS

DATE(S) REQUESTED:

Thurs March 19th 2015

FROM

6:00

am/pm

TO

8:00

am/pm

FOR THE FOLLOWING PURPOSE:

Book Bing Family Night

Patricia Poulter

APPLICANT

Please note the following provisions:

When the public is invited to an activity, police and fire departments must be notified. These arrangements *must* be made in person at police and fire headquarters.

SCHOOL PERSONNEL USE ONLY

DATE: 2/2/15

TO: SCHOOL BUSINESS OFFICE

FROM: Bilingual Department

The undersigned hereby makes application for use of school facilities (after regular school hours) as follows:

NAME OF SCHOOL REQUESTED: Gilman

☐ Auditorium

☐ Gymnasium

☐ Swimming Pool

☒ Café/Rooms

DATES REQUESTED: March 23 & 24, 2015

FROM: 8:30 am/pm

TO: 6 am/pm

FOR THE FOLLOWING PURPOSES:

All Bilingual/ESOL Education Staff

Diana Hargrave
APPLICANT

02/02/2015

Please note the following provisions:

When the public is invited to an activity, police and fire departments must be notified. These arrangements *must* be made in person at the police and fire headquarters.

SCHOOL PERSONNEL USE ONLYDATE: March 3rd 2015TO: SCHOOL BUSINESS OFFICE
FROM: Azzalee Edwards

The undersigned hereby makes application for use of school facilities (after regular school hours) as follows:

NAME OF SCHOOL REQUESTED: BW Tinker School☐ Auditorium☒ Gymnasium☐ Swimming Pool☐ Caf /RoomsDATES REQUESTED: March 19th
FROM: 3:00 am/pm TO: 8:00 am/pmFOR THE FOLLOWING PURPOSES:Presenter for program "Jack & the Beanstalk"
Family EveningAzzalee Edwards
APPLICANTPlease note the following provisions:When the public is invited to an activity, police and fire departments must be notified.
These arrangements *must* be made in person at the police and fire headquarters.

SCHOOL PERSONNEL USE ONLY

MAR - 6 2015

DATE: 3-4-15

TO: SCHOOL BUSINESS OFFICE

FROM: Lauren Lombardi

The undersigned hereby makes application for use of school facilities (after regular school hours) as follows:

NAME OF SCHOOL REQUESTED: Rotella

☒ Auditorium

☒ Gymnasium

☐ Swimming Pool

☒ Café/Rooms

DATES REQUESTED: March 19, 2015

FROM: 5 am/pm TO: 7 am/pm

FOR THE FOLLOWING PURPOSES:

School-Family-Community Team Meeting
3 "Family Fitness Night"

Lauren Lombardi
APPLICANT

Please note the following provisions:

When the public is invited to an activity, police and fire departments must be notified.
These arrangements *must* be made in person at the police and fire headquarters.

CANCEL EMAIL

SCHOOL PERSONNEL USE ONLY

DATE: 3-6-2015

TO: SCHOOL BUSINESS OFFICE

FROM: Jade Gopie

The undersigned hereby makes application for use of school facilities (after regular school hours) as follows:

NAME OF SCHOOL REQUESTED: WAMS Recital Hall

☐ Auditorium

☐ Gymnasium

☐ Swimming Pool

☐ Cafeteria/Rooms

Recital Hall

DATES REQUESTED: April 2, 2015

FROM: 4:30 am/pm

TO: 8:30 am/pm

FOR THE FOLLOWING PURPOSES:

Waterbury LINKS Organization
Health Series lecture.

J. Gopie
APPLICANT

Please note the following provisions:

When the public is invited to an activity, police and fire departments must be notified. These arrangements *must* be made in person at the police and fire headquarters.

X 803

SCHOOL PERSONNEL USE ONLY

TO: SCHOOL BUSINESS OFFICE

FROM: Reed FRC Coordinator, Ernst Racine, Jr.

The undersigned hereby makes application for use of school facilities (after regular school hours) as follows:

NAME OF SCHOOL REQUESTED: Jonathan Reed Elementary

☐ Auditorium ☐ Gymnasium ☐ Swimming Pool ☒ Caf /Rooms ☐ Music Room

DATES REQUESTED: March 27, 2015

FROM: 3:00 am/(pm) TO: 5:00 am/(pm)

FOR THE FOLLOWING PURPOSES:

The Reed Elementary School FRC will be hosting a PBIS Incentive Dance with a DJ. There will need to be use of the cafetorium.

Ernst Racine, Jr., Reed FRC Coordinator

APPLICANT

Please note the following provisions:

When the public is invited to an activity, police and fire departments must be notified. These arrangements *must* be made in person at the police and fire headquarters.

#9

COMMITTEE ON SCHOOL FACILITIES & GROUNDS

WORKSHOP: Thurs., March 12, 2015 (Kennedy H.S.)
BOARD MEETING: Thurs., March 19, 2015

**TO THE BOARD OF EDUCATION
 WATERBURY, CONNECTICUT**

LADIES AND GENTLEMEN:

With the approval of the Committee on School Facilities and Grounds, the Superintendent of Schools recommends approval of the use of school facilities by groups and organizations, subject to fees and insurance as required.

<u>GROUP</u>	<u>FACILITIES AND DATES/TIMES</u>
Christ Community	Crosby aud.: Sun., Mar. 29th 5:00-10:00pm
Casey Sabella	(multi - church service)
CM Property Mgt.	Kennedy room: Wed., Mar. 25th 6-9pm (Bd. of Directors mtg.)
New Hope Baptist Church	Gilmartin café: Sundays 4/5-9/27/15 9:00-11:00am
Fay Walton	
All Pro Sports	Kennedy gym: Sun., Mar. 15th 1:00-3:00pm
Nadin Samih	(basketball clinic)

REQUESTING WAIVERS:

Wtby. Relay for Life	Crosby track: June 5th - 7th	(\$4368.)
Thomas DiPietro	Rotella room: June 6th & 7th	(\$1050.)

GROUPS NOT SUBJECT TO FEES OR WAIVER DUE TO TIME OF USE OR PREVIOUS WAIVER:

Hoops for Life	WSMS gym: Apr. 13th - June 9th 5-9pm (basketball program)
Deneen Fryer	Mon - Thurs. when available
	Reed gym: Apr. 14th - June 10th 5-9pm (basketball program)
	Mon.-Thurs. when available
Wtby. Neighborhood Housing Services	Reed café: Tuesdays Apr. 7, 21, 28, May 12 & 19
Eden Brown	5-8pm (Leadership training program)

MONIES COLLECTED TO DATE:

\$ 44,400.75

Approved:

Felix M. Rodriguez

Kathleen M. Ouellette, Ed. D.
Superintendent of Schools

These activities are completed and have been billed:

Nationals, Inc.
Sacred Heart H.S.
St Joseph College

DEPARTMENT OF EDUCATION - WATERBURY, CONNECTICUT
SCHOOL BUSINESS OFFICE
236 GRAND ST., WATERBURY, CT 06702
USE OF BUILDING PERMIT
TYPE OR USE PEN AND PRESS FIRMLY

CONTRACT#

APPLICANT Casey Sabella NAME OF ORGANIZATION Christ Community

ADDRESS 325 Marden Road WTRY, CT 06705 TELEPHONE # 203 755-2978
(street) (city) (state) (zip code)

SCHOOL REQUESTED Crosby DATES 3/29/15 ROOM(S) AND

OPENING TIME 5 pm CLOSING TIME 10 pm PURPOSE Church Service - multi-churches

ADMISSION (if any) N/A CHARGE TO BE DEVOTED TO _____

APPROXIMATE NUMBER OF PEOPLE TO BE PRESENT: ADULTS 250-300 CHILDREN N/A

SIGNATURE OF APPLICANT Casey Sabella DATE 1/29/15

PERSON(S) NAME, ADDRESS & PHONE NUMBER RESPONSIBLE FOR SUPERVISION:

Casey Sabella, 100 Sage Drive, Waterbury, CT 06704 (203) 206-1522

In the event that the Board of Education should need to resort to legal proceedings to collect any outstanding balances, the lessee is responsible for any and all attorney's fees, sheriff's fees and court costs associated with said proceedings. JS (PLEASE INITIAL)

SCHEDULE OF RATES: CUSTODIAL FEES: \$40/HR plus 1 HR SERVICE per custodian

RENTAL FEES: _____

MISCELLANEOUS FEES: _____

SECURITY DEPOSIT \$ 250 INSURANCE COVERAGE YES NO

PLEASE READ THE FOLLOWING CAREFULLY

APPLICATION MUST BE RECEIVED AT LEAST THREE (3) WEEKS PRIOR TO THE ACTIVITY.

A COPY OF YOUR INSURANCE MUST ACCOMPANY YOUR APPLICATION (IF APPLICABLE)

IF SCHOOL IS CANCELLED FOR SNOW OR ANY OTHER REASON - ALL ACTIVITIES ARE CANCELLED ALSO.

THERE WILL BE NO ACTIVITIES DURING SCHOOL OPEN HOUSE.

CANCELLATIONS MUST BE MADE AT LEAST 48 HOURS IN ADVANCE OR YOU WILL BE CHARGED.

POLICE AND FIRE PROTECTION MUST BE ARRANGED AND/OR CANCELLED BY THE RENTER. PLEASE CALL EACH DEPARTMENT FOR INFORMATION. POLICE DEPT. 574-6963 FIRE DEPT. 597-3452

CALL THE SCHOOL CUSTODIAN AT LEAST ONE WEEK PRIOR TO YOUR ACTIVITY FOR ANY ARRANGEMENTS RE: PA SYSTEM, LIGHTING, ETC. (FOR WHICH THERE WILL BE AN EXTRA CHARGE).

KITCHEN FACILITIES CAN NOT BE USED BY GROUPS WITHOUT SUPERVISION - PLEASE CALL THE FOOD SERVICE DEPT. AT 574-8210 TO ARRANGE FOR A FOOD SERVICE PERSON (FOR WHICH THERE WILL BE AN EXTRA CHARGE)

PLEASE SEE REVERSE FOR ADDITIONAL RULES AND REGULATIONS.

IT IS AGREED THAT REGULATIONS ADOPTED BY THE BOARD OF EDUCATION FOR USE OF SCHOOL BUILDINGS WILL BE RIGIDLY ENFORCED.

APPROVAL DATE _____ SCHOOL BUSINESS OFFICE

CHECKS OR MONEY ORDERS FOR FEES SHOULD BE MADE OUT TO THE BOARD OF EDUCATION AND MAILED TO THE SCHOOL BUSINESS OFFICE. NO CASH WILL BE ACCEPTED.

DEPARTMENT OF EDUCATION - WATERBURY, CONNECTICUT
SCHOOL BUSINESS OFFICE
236 GRAND ST., WATERBURY, CT 06702
USE OF BUILDING PERMIT
TYPE OR USE PEN AND PRESS FIRMLY

CONTRACT#

APPLICANT CM Property Mgmt. NAME OF ORGANIZATION Highland Woods
ADDRESS P.O. Box 690 Southbury, Ct 06488 TELEPHONE # 203-264-6598
(street) (city) (state) (zip code)
SCHOOL REQUESTED Kennedy HS DATES 3/25/15 ROOM(S) 101A or 101B Classroom
OPENING TIME 6pm CLOSING TIME 9am PURPOSE Board of Director Mtg.
ADMISSION (if any) None CHARGE TO BE DEVOTED TO NA
APPROXIMATE NUMBER OF PEOPLE TO BE PRESENT: ADULTS Not known CHILDREN 0
SIGNATURE OF APPLICANT Dick Famiglietti DATE 3/6/15
PERSON(S) NAME, ADDRESS & PHONE NUMBER RESPONSIBLE FOR SUPERVISION: Dick Famiglietti - Property Mgmt.
P.O. Box 690, Southbury, Ct 06488

In the event that the Board of Education should need to resort to legal proceedings to collect any outstanding balances, the lessee is responsible for any and all attorney's fees, sheriff's fees and court costs associated with said proceedings. DF (PLEASE INITIAL)

SCHEDULE OF RATES: CUSTODIAL FEES: \$42/HR plus 1 HR service

RENTAL FEES: \$10/HR.

MISCELLANEOUS FEES: _____

SECURITY DEPOSIT \$ 500.

INSURANCE COVERAGE

YES

NO

PLEASE READ THE FOLLOWING CAREFULLY

APPLICATION MUST BE RECEIVED AT LEAST THREE (3) WEEKS PRIOR TO THE ACTIVITY.

A COPY OF YOUR INSURANCE MUST ACCOMPANY YOUR APPLICATION (IF APPLICABLE)

IF SCHOOL IS CANCELLED FOR SNOW OR ANY OTHER REASON - ALL ACTIVITIES ARE CANCELLED ALSO.

THERE WILL BE NO ACTIVITIES DURING SCHOOL OPEN HOUSE.

CANCELLATIONS MUST BE MADE AT LEAST 48 HOURS IN ADVANCE OR YOU WILL BE CHARGED.

POLICE AND FIRE PROTECTION MUST BE ARRANGED AND/OR CANCELLED BY THE RENTER. PLEASE CALL EACH DEPARTMENT FOR INFORMATION. POLICE DEPT. 574-6963 FIRE DEPT. 597-3452

CALL THE SCHOOL CUSTODIAN AT LEAST ONE WEEK PRIOR TO YOUR ACTIVITY FOR ANY ARRANGEMENTS RE: PA SYSTEM, LIGHTING, ETC. (FOR WHICH THERE WILL BE AN EXTRA CHARGE).

KITCHEN FACILITIES CAN NOT BE USED BY GROUPS WITHOUT SUPERVISION - PLEASE CALL THE FOOD SERVICE DEPT. AT 574-8210 TO ARRANGE FOR A FOOD SERVICE PERSON (FOR WHICH THERE WILL BE AN EXTRA CHARGE)

PLEASE SEE REVERSE FOR ADDITIONAL RULES AND REGULATIONS.

IT IS AGREED THAT REGULATIONS ADOPTED BY THE BOARD OF EDUCATION FOR USE OF SCHOOL BUILDINGS WILL BE RIGIDLY ENFORCED.

APPROVAL DATE _____

SCHOOL BUSINESS OFFICE

CHECKS OR MONEY ORDERS FOR FEES SHOULD BE MADE OUT TO THE BOARD OF EDUCATION AND MAILED TO THE SCHOOL BUSINESS OFFICE. NO CASH WILL BE ACCEPTED.

White-Permittee

Goldenrod-School Business Office

Pink-Principal

Blue-Custodian

DEPARTMENT OF EDUCATION - WATERBURY, CONNECTICUT
SCHOOL BUSINESS OFFICE
236 GRAND ST., WATERBURY, CT 06702
USE OF BUILDING PERMIT
TYPE OR USE PEN AND PRESS FIRMLY

CONTRACT#

APPLICANT Faye Walton NAME OF ORGANIZATION New Hope Baptist Church
ADDRESS 16 Dr. Aaron Samuels Blvd Danbury 06811 TELEPHONE # 203-748-5461 ext 222
(street) (city) (state) (zip code)

SCHOOL REQUESTED 6th Intermediate DATES 4/5, 4/12, 4/19 → 9/24 ROOM(S) Auditorium

OPENING TIME 9:00 am CLOSING TIME 11:00 am PURPOSE religious service

ADMISSION (if any) None CHARGE TO BE DEVOTED TO _____

APPROXIMATE NUMBER OF PEOPLE TO BE PRESENT: ADULTS 150 CHILDREN _____

SIGNATURE OF APPLICANT Faye Walton DATE 2/

PERSON(S) NAME, ADDRESS & PHONE NUMBER RESPONSIBLE FOR SUPERVISION:

Rev. Leroy Parker

In the event that the Board of Education should need to resort to legal proceedings to collect any outstanding balances, the lessee is responsible for any and all attorney's fees, sheriff's fees and court costs associated with said proceedings. (PLEASE INITIAL)

→ Looking for a 6 month rental - every Sunday.

SCHEDULE OF RATES: CUSTODIAL FEES: \$42/HR plus 1 HR SERVICE PER 24HR.

RENTAL FEES: \$500/2 HRS

MISCELLANEOUS FEES: _____

SECURITY DEPOSIT \$ _____ INSURANCE COVERAGE 1/ YES _____ NO _____

PLEASE READ THE FOLLOWING CAREFULLY OK

APPLICATION MUST BE RECEIVED AT LEAST THREE (3) WEEKS PRIOR TO THE ACTIVITY.

A COPY OF YOUR INSURANCE MUST ACCOMPANY YOUR APPLICATION (IF APPLICABLE)

IF SCHOOL IS CANCELLED FOR SNOW OR ANY OTHER REASON - ALL ACTIVITIES ARE CANCELLED ALSO.

THERE WILL BE NO ACTIVITIES DURING SCHOOL OPEN HOUSE.

CANCELLATIONS MUST BE MADE AT LEAST 48 HOURS IN ADVANCE OR YOU WILL BE CHARGED.

POLICE AND FIRE PROTECTION MUST BE ARRANGED AND/OR CANCELLED BY THE RENTER. PLEASE CALL EACH DEPARTMENT FOR INFORMATION. POLICE DEPT. 574-6883 FIRE DEPT. 697-3452

CALL THE SCHOOL CUSTODIAN AT LEAST ONE WEEK PRIOR TO YOUR ACTIVITY FOR ANY ARRANGEMENTS RE: PA SYSTEM, LIGHTING, ETC. (FOR WHICH THERE WILL BE AN EXTRA CHARGE).

KITCHEN FACILITIES CAN NOT BE USED BY GROUPS WITHOUT SUPERVISION - PLEASE CALL THE FOOD SERVICE DEPT. AT 574-8210 TO ARRANGE FOR A FOOD SERVICE PERSON (FOR WHICH THERE WILL BE AN EXTRA CHARGE)

PLEASE SEE REVERSE FOR ADDITIONAL RULES AND REGULATIONS.

IT IS AGREED THAT REGULATIONS ADOPTED BY THE BOARD OF EDUCATION FOR USE OF SCHOOL BUILDINGS WILL BE RIGIDLY ENFORCED.

APPROVAL DATE _____

SCHOOL BUSINESS OFFICE

CHECKS OR MONEY ORDERS FOR FEES SHOULD BE MADE OUT TO THE BOARD OF EDUCATION AND MAILED TO THE SCHOOL BUSINESS OFFICE. NO CASH WILL BE ACCEPTED.

DEPARTMENT OF EDUCATION - WATERBURY, CONNECTICUT

SCHOOL BUSINESS OFFICE

236 GRAND ST., WATERBURY, CT 06702

USE OF BUILDING PERMIT

TYPE OR USE PEN AND PRESS FIRMLY

CONTRACT#

APPLICANT Natir Samik NAME OF ORGANIZATION All Pro Sports LLC
 ADDRESS 6 Anna Dr Windsor Locks CT 06096 TELEPHONE (203) 917-1155
 (street) (city) (state) (zip code)

SCHOOL REQUESTED Kennedy High DATES March 15th ROOM(S) Gymnasium

OPENING TIME 1:00pm CLOSING TIME 3:00pm PURPOSE Basketball Clinic (Denny Marshall) B-ball

ADMISSION (if any) _____ CHARGE TO BE DEVOTED TO \$30 per child

APPROXIMATE NUMBER OF PEOPLE TO BE PRESENT: ADULTS 7+ CHILDREN 30+

SIGNATURE OF APPLICANT Natir Samik DATE 2/27/2015

PERSON(S) NAME, ADDRESS & PHONE NUMBER RESPONSIBLE FOR SUPERVISION:

Natir Samik 278 Trans St Waterbury, CT (06704) 203-917-1155

In the event that the Board of Education should need to resort to legal proceedings to collect any outstanding balances, the lessee is responsible for any and all attorney's fees, sheriff's fees and court costs associated with said proceedings. AS (PLEASE INITIAL)

SCHEDULE OF RATES: CUSTODIAL FEES: \$42/HR PLUS 1 HR SERVICE (\$252)

RENTAL FEES: \$500.00 2 HRS

MISCELLANEOUS FEES: _____

SECURITY DEPOSIT \$ _____ INSURANCE COVERAGE _____ YES _____ NO _____

PLEASE READ THE FOLLOWING CAREFULLY

APPLICATION MUST BE RECEIVED AT LEAST THREE (3) WEEKS PRIOR TO THE ACTIVITY.

A COPY OF YOUR INSURANCE MUST ACCOMPANY YOUR APPLICATION (IF APPLICABLE)

IF SCHOOL IS CANCELLED FOR SNOW OR ANY OTHER REASON - ALL ACTIVITIES ARE CANCELLED ALSO.

THERE WILL BE NO ACTIVITIES DURING SCHOOL OPEN HOUSE.

CANCELLATIONS MUST BE MADE AT LEAST 48 HOURS IN ADVANCE OR YOU WILL BE CHARGED.

POLICE AND FIRE PROTECTION MUST BE ARRANGED AND/OR CANCELLED BY THE RENTER. PLEASE CALL EACH DEPARTMENT FOR INFORMATION. POLICE DEPT. 574-6963 FIRE DEPT. 597-3452

CALL THE SCHOOL CUSTODIAN AT LEAST ONE WEEK PRIOR TO YOUR ACTIVITY FOR ANY ARRANGEMENTS RE: PA SYSTEM, LIGHTING, ETC. (FOR WHICH THERE WILL BE AN EXTRA CHARGE).

KITCHEN FACILITIES CAN NOT BE USED BY GROUPS WITHOUT SUPERVISION - PLEASE CALL THE FOOD SERVICE DEPT. AT 574-8210 TO ARRANGE FOR A FOOD SERVICE PERSON (FOR WHICH THERE WILL BE AN EXTRA CHARGE)

PLEASE SEE REVERSE FOR ADDITIONAL RULES AND REGULATIONS.

IT IS AGREED THAT REGULATIONS ADOPTED BY THE BOARD OF EDUCATION FOR USE OF SCHOOL BUILDINGS WILL BE RIGIDLY ENFORCED.

APPROVAL DATE _____ SCHOOL BUSINESS OFFICE _____

CHECKS OR MONEY ORDERS FOR FEES SHOULD BE MADE OUT TO THE BOARD OF EDUCATION AND MAILED TO THE SCHOOL BUSINESS OFFICE. NO CASH WILL BE ACCEPTED.

DEPARTMENT OF EDUCATION - WATERBURY, CONNECTICUT
SCHOOL BUSINESS OFFICE
236 GRAND ST., WATERBURY, CT 06702
USE OF BUILDING PERMIT
TYPE OR USE PEN AND PRESS FIRMLY

CONTRACT#

APPLICANT Waterbury Public Schools NAME OF ORGANIZATION Amherst College Society
ADDRESS 38 Richards Ave. Norwalk CT 06854 TELEPHONE # 203-241-2345
(street) (city) (state) (zip code)

SCHOOL REQUESTED Coolidge HS Track DATES June 5-7 2015 ROOM(S) Track

OPENING TIME 8 AM CLOSING TIME 4 PM PURPOSE Relay For Life

ADMISSION (if any) _____ CHARGE TO BE DEVOTED TO _____

APPROXIMATE NUMBER OF PEOPLE TO BE PRESENT: ADULTS 1000 CHILDREN 500

SIGNATURE OF APPLICANT Thomas J. B. B. B. DATE 2/12/15

PERSON(S) NAME, ADDRESS & PHONE NUMBER RESPONSIBLE FOR SUPERVISION:

Dave Andrews - ACS 38 Richards Ave. Norwalk CT 06854 203-241-7679

In the event that the Board of Education should need to resort to legal proceedings to collect any outstanding balances, the lessee is responsible for any and all attorney's fees, sheriff's fees and court costs associated with said proceedings. TJS (PLEASE INITIAL)

SCHEDULE OF RATES: CUSTODIAL FEES: \$40/hr plus 1 hr service per cust. (2) (\$4368)

RENTAL FEES: _____

MISCELLANEOUS FEES: _____

SECURITY DEPOSIT \$ _____ INSURANCE COVERAGE _____ YES _____ NO _____

PLEASE READ THE FOLLOWING CAREFULLY

APPLICATION MUST BE RECEIVED AT LEAST THREE (3) WEEKS PRIOR TO THE ACTIVITY.

A COPY OF YOUR INSURANCE MUST ACCOMPANY YOUR APPLICATION (IF APPLICABLE)

IF SCHOOL IS CANCELLED FOR SNOW OR ANY OTHER REASON - ALL ACTIVITIES ARE CANCELLED ALSO.

THERE WILL BE NO ACTIVITIES DURING SCHOOL OPEN HOUSE.

CANCELLATIONS MUST BE MADE AT LEAST 48 HOURS IN ADVANCE OR YOU WILL BE CHARGED.

POLICE AND FIRE PROTECTION MUST BE ARRANGED AND/OR CANCELLED BY THE RENTER. PLEASE CALL EACH DEPARTMENT FOR INFORMATION. POLICE DEPT. 574-6963 FIRE DEPT. 597-3452

CALL THE SCHOOL CUSTODIAN AT LEAST ONE WEEK PRIOR TO YOUR ACTIVITY FOR ANY ARRANGEMENTS RE: PA SYSTEM, LIGHTING, ETC. (FOR WHICH THERE WILL BE AN EXTRA CHARGE).

KITCHEN FACILITIES CAN NOT BE USED BY GROUPS WITHOUT SUPERVISION - PLEASE CALL THE FOOD SERVICE DEPT. AT 574-8210 TO ARRANGE FOR A FOOD SERVICE PERSON (FOR WHICH THERE WILL BE AN EXTRA CHARGE)

PLEASE SEE REVERSE FOR ADDITIONAL RULES AND REGULATIONS.

IT IS AGREED THAT REGULATIONS ADOPTED BY THE BOARD OF EDUCATION FOR USE OF SCHOOL BUILDINGS WILL BE RIGIDLY ENFORCED.

APPROVAL DATE _____ SCHOOL BUSINESS OFFICE _____

CHECKS OR MONEY ORDERS FOR FEES SHOULD BE MADE OUT TO THE BOARD OF EDUCATION AND MAILED TO THE SCHOOL BUSINESS OFFICE. NO CASH WILL BE ACCEPTED.

USE OF SCHOOL FACILITIES
WAIVER REQUEST
(to be submitted with use of Building Permit)

APPLICANT/ORGANIZATION: Friday, June 5, 2015

Please check below specific item(s):

Building Usage Fees ☐

Custodial Fees ☒

SCHOOL/ROOMS REQUESTED: CROSSY Track

DATE(S): June 5, 6, 7

TIMES: 4/5 - 8AM to

DATE(S): _____

TIMES: 6/7 - NOON

DATE(S): _____

TIMES: _____

DATE(S): _____

TIMES: _____

DATE(S): _____

TIMES: _____

DATE(S): _____

TIMES: _____

2-27-15

Date

Thomas L. DePietro

Signature

OFFICE USE ONLY

List total cost of fees being requested to be waived:

\$

Building Usage Fees

\$

4536.

Custodial Fees

\$

Security Deposit

BOARD USE ONLY

The Board of Education approved/denied the above referenced waiver request(s) at their regular meeting of _____

ATTEST: _____

Clerk, Board of Education

DEPARTMENT OF EDUCATION - WATERBURY, CONNECTICUT
SCHOOL BUSINESS OFFICE
236 GRAND ST., WATERBURY, CT 06702
USE OF BUILDING PERMIT
TYPE OR USE PEN AND PRESS FIRMLY

CONTRACT#

APPLICANT Waterbury Relay For Life NAME OF ORGANIZATION Diabetes Care Society
ADDRESS 38 Richards Ave North CT 06854 TELEPHONE # 203-241-2945
(street) (city) (state) (zip code)

SCHOOL REQUESTED Artella School DATES June 6-7, 2015 ROOM(S) 1 Corrie Room that looks

OPENING TIME 7:00 AM CLOSING TIME 3:00 PM PURPOSE Relay For Life Back Room

ADMISSION (if any) _____ CHARGE TO BE DEVOTED TO _____

APPROXIMATE NUMBER OF PEOPLE TO BE PRESENT: ADULTS _____ CHILDREN _____

SIGNATURE OF APPLICANT Thomas J. H. Hester DATE 2/18/15

PERSON(S) NAME, ADDRESS & PHONE NUMBER RESPONSIBLE FOR SUPERVISION:

Dave Adams - ACS 38 Richards Ave North CT 06854 203-241-7679

In the event that the Board of Education should need to resort to legal proceedings to collect any outstanding balances, the lessee is responsible for any and all attorney's fees, sheriff's fees and court costs associated with said proceedings. J/H (PLEASE INITIAL)

SCHEDULE OF RATES: CUSTODIAL FEES: \$42/Hr plus 1 Hr setup fee (\$1050.)

RENTAL FEES: _____

MISCELLANEOUS FEES: _____

SECURITY DEPOSIT \$ _____ INSURANCE COVERAGE _____ YES _____ NO _____

PLEASE READ THE FOLLOWING CAREFULLY

APPLICATION MUST BE RECEIVED AT LEAST THREE (3) WEEKS PRIOR TO THE ACTIVITY.

A COPY OF YOUR INSURANCE MUST ACCOMPANY YOUR APPLICATION (IF APPLICABLE)

IF SCHOOL IS CANCELLED FOR SNOW OR ANY OTHER REASON - ALL ACTIVITIES ARE CANCELLED ALSO.

THERE WILL BE NO ACTIVITIES DURING SCHOOL OPEN HOUSE.

CANCELLATIONS MUST BE MADE AT LEAST 48 HOURS IN ADVANCE OR YOU WILL BE CHARGED.

POLICE AND FIRE PROTECTION MUST BE ARRANGED AND/OR CANCELLED BY THE RENTER. PLEASE CALL EACH DEPARTMENT FOR INFORMATION. POLICE DEPT. 574-6963 FIRE DEPT. 597-3452

CALL THE SCHOOL CUSTODIAN AT LEAST ONE WEEK PRIOR TO YOUR ACTIVITY FOR ANY ARRANGEMENTS RE: PA SYSTEM, LIGHTING, ETC. (FOR WHICH THERE WILL BE AN EXTRA CHARGE).

KITCHEN FACILITIES CAN NOT BE USED BY GROUPS WITHOUT SUPERVISION - PLEASE CALL THE FOOD SERVICE DEPT. AT 574-8210 TO ARRANGE FOR A FOOD SERVICE PERSON (FOR WHICH THERE WILL BE AN EXTRA CHARGE)

PLEASE SEE REVERSE FOR ADDITIONAL RULES AND REGULATIONS.

IT IS AGREED THAT REGULATIONS ADOPTED BY THE BOARD OF EDUCATION FOR USE OF SCHOOL BUILDINGS WILL BE RIGIDLY ENFORCED.

APPROVAL DATE _____ SCHOOL BUSINESS OFFICE _____

CHECKS OR MONEY ORDERS FOR FEES SHOULD BE MADE OUT TO THE BOARD OF EDUCATION AND MAILED TO THE SCHOOL BUSINESS OFFICE. NO CASH WILL BE ACCEPTED.

USE OF SCHOOL FACILITIES
WAIVER REQUEST
(to be submitted with use of Building Permit)

APPLICANT/ORGANIZATION: Relay for Life

Please check below specific item(s):

Building Usage Fees ☐

Custodial Fees ☒

SCHOOL/ROOMS REQUESTED: Rotella

DATE(S): June 6 & 7

TIMES: 4/6 - 8 AM to

DATE(S): _____

TIMES: 4/7 - 8 AM

DATE(S): _____

TIMES: _____

DATE(S): _____

TIMES: _____

DATE(S): _____

TIMES: _____

DATE(S): _____

TIMES: _____

2 - 27 - 15

Date

Thomas A. Di Pietro

Signature

OFFICE USE ONLY

List total cost of fees being requested to be waived:

\$

Building Usage Fees

\$ 1050.00

Custodial Fees

\$

Security Deposit

BOARD USE ONLY

The Board of Education approved/denied the above referenced waiver request(s) at their regular meeting of _____.

ATTEST: _____

Clerk, Board of Education

DEPARTMENT OF EDUCATION - WATERBURY, CONNECTICUT

SCHOOL BUSINESS OFFICE

236 GRAND ST., WATERBURY, CT 06702

CONTRACT#

USE OF BUILDING PERMIT

TYPE OR USE PEN AND PRESS FIRMLY

APPLICANT Deneen Fryer NAME OF ORGANIZATION Hoop 4 LifeADDRESS 232 N. Elm St Wthby CT 06702 TELEPHONE # 203 232-4578
(street) (city) (state) (zip code)SCHOOL REQUESTED West Side Middle DATES April-May-June ^{see attach} ROOM(S) GymOPENING TIME 5p CLOSING TIME 9p PURPOSE Basketball gamesADMISSION (if any) N/A CHARGE TO BE DEVOTED TO N/AAPPROXIMATE NUMBER OF PEOPLE TO BE PRESENT: ADULTS 45 CHILDREN 90SIGNATURE OF APPLICANT Deneen Fryer DATE 2/13/14

PERSON(S) NAME, ADDRESS & PHONE NUMBER RESPONSIBLE FOR SUPERVISION:

Deneen Fryer 31 Rosengarten Dr Wthby CT 06704In the event that the Board of Education should need to resort to legal proceedings to collect any outstanding balances, the lessee is responsible for any and all attorney's fees, sheriff's fees and court costs associated with said proceedings. DP (PLEASE INITIAL)

SCHEDULE OF RATES: CUSTODIAL FEES: _____

RENTAL FEES: _____

MISCELLANEOUS FEES: _____

SECURITY DEPOSIT \$ _____ INSURANCE COVERAGE ☒ YES _____ NO _____

PLEASE READ THE FOLLOWING CAREFULLY

APPLICATION MUST BE RECEIVED AT LEAST THREE (3) WEEKS PRIOR TO THE ACTIVITY.

A COPY OF YOUR INSURANCE MUST ACCOMPANY YOUR APPLICATION (IF APPLICABLE)

IF SCHOOL IS CANCELLED FOR SNOW OR ANY OTHER REASON - ALL ACTIVITIES ARE CANCELLED ALSO.

THERE WILL BE NO ACTIVITIES DURING SCHOOL OPEN HOUSE.

CANCELLATIONS MUST BE MADE AT LEAST 48 HOURS IN ADVANCE OR YOU WILL BE CHARGED.

POLICE AND FIRE PROTECTION MUST BE ARRANGED AND/OR CANCELLED BY THE RENTER. PLEASE CALL EACH DEPARTMENT FOR INFORMATION. POLICE DEPT. 574-6963 FIRE DEPT. 597-3452

CALL THE SCHOOL CUSTODIAN AT LEAST ONE WEEK PRIOR TO YOUR ACTIVITY FOR ANY ARRANGEMENTS RE: PA SYSTEM, LIGHTING, ETC. (FOR WHICH THERE WILL BE AN EXTRA CHARGE).

KITCHEN FACILITIES CAN NOT BE USED BY GROUPS WITHOUT SUPERVISION - PLEASE CALL THE FOOD SERVICE DEPT. AT 574-8210 TO ARRANGE FOR A FOOD SERVICE PERSON (FOR WHICH THERE WILL BE AN EXTRA CHARGE)

PLEASE SEE REVERSE FOR ADDITIONAL RULES AND REGULATIONS.

IT IS AGREED THAT REGULATIONS ADOPTED BY THE BOARD OF EDUCATION FOR USE OF SCHOOL BUILDINGS WILL BE RIGIDLY ENFORCED.

APPROVAL DATE _____

SCHOOL BUSINESS OFFICE

CHECKS OR MONEY ORDERS FOR FEES SHOULD BE MADE OUT TO THE BOARD OF EDUCATION AND MAILED TO THE SCHOOL BUSINESS OFFICE. NO CASH WILL BE ACCEPTED.

SCHOOL/ROOMS REQUESTED: GYM West Side Middle

DATE(S): April 13, 14, 15, 16

TIMES: 5:00p - 7p

DATE(S): " 20, 21, 22, 23

TIMES: 5:00p - 9p

DATE(S): 27, 28, 29, 30

TIMES: 5p - 7p

DATE(S): May 4, 5, 6, 7

TIMES: 5p - 7p

DATE(S): May 11, 12, 13, 14, 18

TIMES: 5p - 7p

DATE(S): ^{May} 19, 20, 21, 26, 27, 28

TIMES: 5p 9-10

June 1, 2, 3, 4, 8, 9

L 2

DEPARTMENT OF EDUCATION - WATERBURY, CONNECTICUT
SCHOOL BUSINESS OFFICE
238 GRAND ST., WATERBURY, CT 06702
USE OF BUILDING PERMIT
TYPE OR USE PEN AND PRESS FIRMLY

CONTRACT#

APPLICANT Dennis Fryer NAME OF ORGANIZATION ROCKS 2 LIFE
ADDRESS 232 N. Elm St Waterbury CT 06704 TELEPHONE # 203 232-4578
(street) (city) (state) (zip code)
SCHOOL REQUESTED Red School DATES April, May, June ROOM(S) Gym
OPENING TIME 5-8 CLOSING TIME 9-10 PURPOSE Basketball games
ADMISSION (if any) N/A CHARGE TO BE DEVOTED TO N/A
APPROXIMATE NUMBER OF PEOPLE TO BE PRESENT: ADULTS 50 CHILDREN 70
SIGNATURE OF APPLICANT Dennis Fryer DATE 2/13/15

PERSON(S) NAME, ADDRESS & PHONE NUMBER RESPONSIBLE FOR SUPERVISION:

BENJAMIN Fryer / Darryl Parker 31 Rosencarter Dr Waterbury CT 06704

In the event that the Board of Education should need to resort to legal proceedings to collect any outstanding balances, the lessee is responsible for any and all attorney's fees, sheriff's fees and court costs associated with said proceedings. (PLEASE INITIAL)

SCHEDULE OF RATES: CUSTODIAL FEES:

RENTAL FEES:

MISCELLANEOUS FEES:

SECURITY DEPOSIT \$ INSURANCE COVERAGE YES NO

PLEASE READ THE FOLLOWING CAREFULLY

APPLICATION MUST BE RECEIVED AT LEAST THREE (3) WEEKS PRIOR TO THE ACTIVITY.

A COPY OF YOUR INSURANCE MUST ACCOMPANY YOUR APPLICATION (IF APPLICABLE)

IF SCHOOL IS CANCELLED FOR SNOW OR ANY OTHER REASON - ALL ACTIVITIES ARE CANCELLED ALSO.

THERE WILL BE NO ACTIVITIES DURING SCHOOL OPEN HOUSE.

CANCELLATIONS MUST BE MADE AT LEAST 48 HOURS IN ADVANCE OR YOU WILL BE CHARGED.

POLICE AND FIRE PROTECTION MUST BE ARRANGED AND/OR CANCELLED BY THE RENTER. PLEASE CALL EACH DEPARTMENT FOR INFORMATION. POLICE DEPT. 574-6963 FIRE DEPT. 597-3452

CALL THE SCHOOL CUSTODIAN AT LEAST ONE WEEK PRIOR TO YOUR ACTIVITY FOR ANY ARRANGEMENTS RE: PA SYSTEM, LIGHTING, ETC. (FOR WHICH THERE WILL BE AN EXTRA CHARGE).

KITCHEN FACILITIES CAN NOT BE USED BY GROUPS WITHOUT SUPERVISION - PLEASE CALL THE FOOD SERVICE DEPT. AT 574-8210 TO ARRANGE FOR A FOOD SERVICE PERSON (FOR WHICH THERE WILL BE AN EXTRA CHARGE)

PLEASE SEE REVERSE FOR ADDITIONAL RULES AND REGULATIONS.

IT IS AGREED THAT REGULATIONS ADOPTED BY THE BOARD OF EDUCATION FOR USE OF SCHOOL BUILDINGS WILL BE RIGIDLY ENFORCED.

APPROVAL DATE SCHOOL BUSINESS OFFICE

CHECKS OR MONEY ORDERS FOR FEES SHOULD BE MADE OUT TO THE BOARD OF EDUCATION AND MAILED TO THE SCHOOL BUSINESS OFFICE. NO CASH WILL BE ACCEPTED.

SCHOOL/ROOMS REQUESTED: GYM Reed School

DATE(S): ^{April} ~~13~~, 14, ~~15~~, 16, 20, 21

DATE(S): ~~22~~, 23, 27, 28, ~~29~~, 30

DATE(S): May 4, 5, 6, 7, 11, 12

DATE(S): 13, 14, 18, 19, 20, 21, 26,

DATE(S): 27, 28

DATE(S): June 1, 2, 3, 4, 8, 9, 10

TIMES: ~~5-8:00p~~ - 9p

TIMES: 5p - 9p

TIMES: 5p - 9p

TIMES: 5p - 9p

TIMES: 5p - 9p

TIMES: 5p - 9p

d S

DEPARTMENT OF EDUCATION - WATERBURY, CONNECTICUT

SCHOOL BUSINESS OFFICE

238 GRAND ST., WATERBURY, CT 06702

CONTRACT#

USE OF BUILDING PERMIT

TYPE OR USE PEN AND PRESS FIRMLY

Neighborhood Housing
Services of Waterbury

APPLICANT Eden Brown

NAME OF ORGANIZATION Services of Waterbury

ADDRESS 161 N. Main St Waterbury CT 06702
(street) (city) (state) (zip code)

TELEPHONE # 203-753-1896 ext. 17

SCHOOL REQUESTED Reed School DATES April 7, 21, 28 ROOM(S) Cafetorium

OPENING TIME 5pm CLOSING TIME 8pm PURPOSE Resident Leadership Training Program

ADMISSION (if any) _____ CHARGE TO BE DEVOTED TO _____

APPROXIMATE NUMBER OF PEOPLE TO BE PRESENT: ADULTS 17 CHILDREN _____

SIGNATURE OF APPLICANT Eden Brown DATE 2/23/15

PERSON(S) NAME, ADDRESS & PHONE NUMBER RESPONSIBLE FOR SUPERVISION:

Eden Brown, Kevin Taylor, Vitan Rivera (161 N. Main St, Waterbury CT, 06702)
In the event that the Board of Education should need to resort to legal proceedings to collect any outstanding balances, the lessee is responsible for any and all attorney's fees, sheriff's fees and court costs associated with said proceedings. YB, VR, KT (PLEASE INITIAL)

SCHEDULE OF RATES: CUSTODIAL FEES: _____

RENTAL FEES: _____

MISCELLANEOUS FEES: _____

SECURITY DEPOSIT \$ 250.00 INSURANCE COVERAGE ☒ YES ☐ NO

PLEASE READ THE FOLLOWING CAREFULLY

APPLICATION MUST BE RECEIVED AT LEAST THREE (3) WEEKS PRIOR TO THE ACTIVITY.

A COPY OF YOUR INSURANCE MUST ACCOMPANY YOUR APPLICATION (IF APPLICABLE)

IF SCHOOL IS CANCELLED FOR SNOW OR ANY OTHER REASON - ALL ACTIVITIES ARE CANCELLED ALSO.

THERE WILL BE NO ACTIVITIES DURING SCHOOL OPEN HOUSE.

CANCELLATIONS MUST BE MADE AT LEAST 48 HOURS IN ADVANCE OR YOU WILL BE CHARGED.

POLICE AND FIRE PROTECTION MUST BE ARRANGED AND/OR CANCELLED BY THE RENTER. PLEASE CALL EACH DEPARTMENT FOR INFORMATION. POLICE DEPT. 574-6963 FIRE DEPT. 597-3452

CALL THE SCHOOL CUSTODIAN AT LEAST ONE WEEK PRIOR TO YOUR ACTIVITY FOR ANY ARRANGEMENTS RE: PA SYSTEM, LIGHTING, ETC. (FOR WHICH THERE WILL BE AN EXTRA CHARGE).

KITCHEN FACILITIES CAN NOT BE USED BY GROUPS WITHOUT SUPERVISION - PLEASE CALL THE FOOD SERVICE DEPT. AT 574-8210 TO ARRANGE FOR A FOOD SERVICE PERSON (FOR WHICH THERE WILL BE AN EXTRA CHARGE)

PLEASE SEE REVERSE FOR ADDITIONAL RULES AND REGULATIONS.

IT IS AGREED THAT REGULATIONS ADOPTED BY THE BOARD OF EDUCATION FOR USE OF SCHOOL BUILDINGS WILL BE RIGIDLY ENFORCED.

APPROVAL DATE _____

SCHOOL BUSINESS OFFICE

CHECKS OR MONEY ORDERS FOR FEES SHOULD BE MADE OUT TO THE BOARD OF EDUCATION AND MAILED TO THE SCHOOL BUSINESS OFFICE. NO CASH WILL BE ACCEPTED.

White-Permittee

Goldenrod-School Business Office

Pink-Principal

Blue-Custodian

#10a
Banks

WATERBURY PUBLIC SCHOOLS
EDUCATION of HOMELESS CHILDREN and YOUTH

ASSISTANT TUTOR / (EHC&Y GRANT)

General Statement of Duties: Works as part of a team under the supervision of the Program Director. Will closely interact with the Program Director, Program Coordinator, and Discharge Coordinator to plan, implement, and coordinate shelter programs.

Specific Examples of Duties: (not limited to the duties listed below)

- Implement a creative educational program incorporating academics, health and life skills to motivate each resident.
- Plan a scheduled educational program in conjunction with the Homebound Teacher.
- Foster and maintain a creative educational environment conducive to learning and participation.
- Foster positive relations with the residents, their families, and staff.
- Record educational and recreational activities that incite participation and enthusiasm of residents and maintain files on available community activities.
- Plan and implement a summer program of educational and recreational activities for residents.
- Evaluate the effectiveness of educational, recreational, and social program of the shelter and community agencies and report findings to the Program Director.
- Maintain accurate records and files for the program.
- Plan, implement, and document the process that considers the racial, cultural, and ethnic background of residents with activities such as meals, holidays, and festivals.
- Understand, respect, and promote the purposes of the Homeless Shelter as outlined in the Mission Statement.
- Perform other related duties as assigned.

Qualifications: Associate's degree required, preference will be given to applicants with Bachelor's degree in related field. Experience working with children and adolescents. Ability to coordinate and implement programs with academic, recreational, and daily living values which are creative, diverse and challenging.

Work Schedule: 10 month position, 8-10 hours per week. (M-F)

The program reserves the right to change schedule based on program needs.

Salary: \$16.00 per hour with no benefits

This is a grant funded position that exists as long as grant funds are available.

Please submit cover letter, resume, application, three letters of reference and transcripts to:

James A. Murray, PHR
Human Resources-Grants
236 Grand Street
Waterbury, CT 06702

Closing Date:

February 6, 2015

Revised 7/1/13

WATERBURY PUBLIC SCHOOL DISTRICT
236 GRAND STREET, WATERBURY, CT 06702

APPLICATION FORM
FOR NON-CERTIFIED POSITIONS

Position Applied For:

Assistant Tutor Education of Homeless
Children & Youth

Applicant is requested to answer each question completely and accurately. Application may be rejected or receive a lower evaluation because items are incomplete or omitted.

PLEASE TYPE OR PRINT LEGIBLY IN INK

Name

Banks Mary E
Last First M. I.

Address

408 Washington Ave
No. Street

Home Phone

(203) 695-3589

City, State, Zip

Waterbury Ct 06708

Work Phone ()

N/A

Mailing Address

(If different from above)

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

GIVE DETAILS IN SPACE BELOW

Are you eligible to work in the United States?

Yes ☒

No ☐

Have you ever been dismissed from employment for cause?

Yes ☐

No ☒

If so, explain and state which jobs below.

Have you ever been convicted of an offense against the law

(including military offenses), are you now under charges of

Yes ☐

No ☒

any offense against the law?

If your answer is "Yes," give details below, Show: date, charge, place, court and disposition.

NOTE: a conviction per se is not a disqualifying factor. What you were convicted of, and how long ago are important. Give all the facts so that a decision can be made.

EXPLANATIONS TO QUESTIONS ABOVE (Use additional paper if necessary)

The Waterbury Public Schools have a vital interest in providing its employees with a safe, healthful and efficient work environment. It is the City's policy to maintain a work place free from drug and/or alcohol misuse and abuse.

Employment will be subject to a satisfactory background check, a post-offer medical examination (if required for the position that is offered) and a drug screening in accordance with state and federal law. Your signature on this form is your consent to the drug test.

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 Records Dept		Phone 757-8000	
Address Naugatuck Valley Community College			
City Waterbury State CT Zip 06708		Title of Position Lab Assistant	
Dates of Employment: From (Mo/Yr) 07/2008 To (Mo/Yr) 09/2010		Name and Title of Supervisor Rita Matlozor - Asst Registrar	
Description of Duties, Responsibilities, and Significant Accomplishments Helped students register for up-			
Salary: Starting 8.00 Ending 8.50 comming semesters, trouble shot			
computers, filed student records			
No. of Hours Worked Weekly: 15			
Reason for Leaving End of Work Study			

PRIOR EMPLOYER

Name of Employer NorthEast Data Input LLC		Phone 366-4715	
Address Main St			
City Bridgeport State CT Zip 06608		Title of Position Data Entry Operator	
Dates of Employment: From (Mo/Yr) 03/1998 To (Mo/Yr) 11/2001		Name and Title of Supervisor Winne Clark - Mgr of Ace	
Description of Duties, Responsibilities, and Significant Accomplishments Entered data into computers, backed			
Salary: Starting 8.00 Ending 10.00 up computers daily			
No. of Hours Worked Weekly: 40+			
Reason for Leaving Too Far a Commute Bt Holiday			

PRIOR 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 <i>Significant Accomplishments</i>		
Salary: Starting			
Ending			
No. of Hours Worked Weekly:			
	Reason for Leaving		

EDUCATION

Indicate Last Grade Completed	Name and Address of High School Last Attended	Date of Graduation or G.E.D. Awarded
A.S Degree		

Name of College Business or Technical Schools Attended	Address	Dates of Attendance	Number of Credits Completed	Type of Degree	List Major Subjects
A.S Degree	757 Chase Pkwy	2005-2010	60	A.S Human	Human Subjects
U.S Degree	West Main St Wby	2013-2015	119	B.S	(2015)

If you have any additional education or experience, or have taken SPECIAL COURSES, list these below. Please include: Where acquired and the total number of hours involved.

I worked my field work in the local shelter

How did you learn of the employment opportunity for which you are applying?

Newspaper ☐

Radio ☐

Job Service ☐

Current Employer ☐

Job Posting ☐

Professional Journal ☐

Other Website

For equal opportunity purposes, we are requesting the following information. This information is optional and will only be used to comply with Federal Equal Employment reporting requirements and for test validation purposes. Please check the appropriate groups below:

Female ☒

White ☒

Black ☐

Asian (Pacific Islander) ☐

Hispanic ☐

Native American ☐

Male ☐

Other (specify) _____

I certify that all statements made by me on this application are true, complete and correct to the best of my knowledge and belief. I understand and agree that if I make any misstatements or omissions of fact, I am subject to disqualification or dismissal and to such other penalties prescribed by law or Civil Service Rules and Regulations.

I voluntarily give the Civil Service Commission of the City of Waterbury, CT, or its duly authorized representative the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation, and release from all liability or responsibility all persons, companies, or corporations supplying such information.

Date

01/29/15

Signature

Mary Banks

Mary Banks
408 Washington Ave
Waterbury, CT 06708
(203)695-3589
mary_banks38@yahoo.com

Objective

- Current undergraduate student with experience in serving diverse populations
- Service-oriented professional looking to gain employment in the human services field

Skills

- Customer Service
- Data Organization
- Individual and Group Communication
- 60 WPM
- Confidentiality Regulations
- Diverse Populations

Work Experience

St. Vincent DePaul Homeless Shelter; Waterbury, CT 2008, 2010
Volunteer

- Matched clients with community resources
- Assisted with client's job searches
- Prepared and served daily meals in a cafeteria setting
- Assigned to and served women and children for all general needs

Naugatuck Valley Community College; Waterbury, CT 2008-2010
Records Department Lab Assistant

- Selected relevant semester courses for students based on academic needs
- Solved problems with computer and technical issues
- Utilized the NVCC databases to enter confidential student records

NorthEast Data Input LLC; Bridgeport, CT 1998-2001
Data Entry Operator/Assistant Manager

- Entered numerical and alpha-based data for promotional events
- Backed up data to prevent information loss and safeguard private information
- Trained new employees according to company standards

Education

University of Connecticut -Waterbury, CT Expected: May 2015
Bachelor of General Studies – Concentration in Human Services


Naugatuck Valley Community College-Waterbury, CT May 2009
A.S. Human Services/Disabilities and Mental Health

[Favorites](#) [Main Menu](#) [Self-Service](#) [Student Center](#) [My Class Schedule](#)
☒ Show Enrolled Classes ☒ Show Dropped Classes ☒ Show Waitlisted Classes [filter](#)

GPS 4278 - Integrating General Studies

Status	Units	Grading	Grade	Deadlines		
Cancelled	3.00	Graded				
Class Nbr	Section	Component	Days & Times	Room	Instructor	Start/End Date
9316	<u>W0</u>	Lecture	TBA	TBA	Staff	01/20/2015 - 05/01/2015


GPS 4278W - Integrating General Studies

Status	Units	Grading	Grade	Deadlines		
Enrolled	3.00	Graded				
Class Nbr	Section	Component	Days & Times	Room	Instructor	Start/End Date
15160	<u>W91</u>	Lecture		World Wide Web Online	Kenneth Fuchsmann	01/20/2015 - 05/01/2015


POLS 2072Q - Quant Analysis in Poli Sci

Status	Units	Grading	Grade	Deadlines		
Enrolled	3.00	Graded				
Class Nbr	Section	Component	Days & Times	Room	Instructor	Start/End Date
13098	W31	Lecture	MoWe 5:00PM - 6:15PM	Waterbury224	Ashley Rasmussen	01/20/2015 - 05/01/2015

PSYC 1100 - General Psychology I

Status	Units	Grading	Grade	Deadlines		
Enrolled	3.00	Graded				
Class Nbr	Section	Component	Days & Times	Room	Instructor	Start/End Date
12976	W31	Lecture	MoWe 3:30PM - 4:45PM	Waterbury333	David Rentler	01/20/2015 - 05/01/2015

SOCI 3251 - Social Theory

Status	Units	Grading	Grade	Deadlines		
Enrolled	3.00	Graded				
Class Nbr	Section	Component	Days & Times	Room	Instructor	Start/End Date
13099	W31	Lecture	TuTh 2:00PM - 3:15PM	Waterbury218	Susan Eisenhandler	01/20/2015 - 05/01/2015

[Printer Friendly Page](#)
[Search](#) [Academic Planner](#) [Enroll](#) [My Academics](#)
[My Class Schedule](#) [Add](#) [Drop](#) [Swap](#) [Get](#) [Term Information](#)

WATERBURY PUBLIC SCHOOL DISTRICT
236 GRAND STREET, WATERBURY, CT 06702

APPLICATION FORM
FOR NON-CERTIFIED POSITIONS

FEB 26 2015

#109

Position Applied For:

Recreation Specialist

Applicant is requested to answer each question completely and accurately. Application may be rejected or receive a lower evaluation because items are incomplete or omitted.

PLEASE TYPE OR PRINT LEGIBLY IN INK

Name Carlson Chelsea Lynn
Last First M.I.

Address 155 Lakes Road Home Phone (203) 266 6558
No. Street

City, State, Zip Bethlehem, CT, 06751 Work Phone (860) 733 2377

Mailing Address

(If different from above)

THE FOLLOWING QUESTIONS MUST BE ANSWERED "YES" OR "NO"
GIVE DETAILS IN SPACE BELOW

Are you eligible to work in the United States? Yes ☒ No ☐

Have you ever been dismissed from employment for cause? Yes ☐ No ☒
If so, explain and state which jobs below.

Have you ever been convicted of an offense against the law
(including military offenses), are you now under charges of any offense against the law? Yes ☐ No ☒

If your answer is "Yes," give details below, Show: date, charge, place, court and disposition.

NOTE: a conviction per se is not a disqualifying factor. What you were convicted of, and how long ago are important. Give all the facts so that a decision can be made.

EXPLANATIONS TO QUESTIONS ABOVE (Use additional paper if necessary)

The Waterbury Public Schools have a vital interest in providing its employees with a safe, healthful and efficient work environment. It is the City's policy to maintain a work place free from drug and/or alcohol misuse and abuse.

Employment will be subject to a satisfactory background check, a post-offer medical examination (if required for the position that is offered) and a drug screening in accordance with state and federal law. Your signature on this form is your consent to the drug test.

PRIOR EMPLOYER

Name of Employer Town Clerk's office Phone (203) 574 6806
 Address 235 Grand Street City Waterbury State CT Zip 06702

Dates of Employment: From (Mo/Yr) <u>4/2011</u>	Title of Position <u>Data Base entry clerk</u>	Name and Title of Supervisor <u>Antoinette Spinelli - Town Clerk</u>
To (Mo/Yr) <u>6/2011</u>	Description of Duties, Responsibilities, and Significant Accomplishments <u>Organized large quantities of land files into an electronic data base.</u>	
Salary: Starting <u>11.00</u>		
Ending <u>11.00</u>		
No. of Hours Worked Weekly: <u>20</u>		
	Reason for Leaving <u>Grant for position ended</u>	

EDUCATION

Indicate Last Grade Completed <u>12</u>	Name and Address of High School Last Attended <u>Nonnewaug High School 5 Minortown Road, Woodbury, CT</u>	Date of Graduation or G.E.D. Awarded <u>2010</u>
--	--	---

Name of College Business or Technical Schools Attended	Address	Dates of Attendance	Number of Credits Completed	Type of Degree	List Major Subjects

If you have any additional education or experience, or have taken SPECIAL COURSES, list these below. Please include: Where acquired and the total number of hours involved.

How did you learn of the employment opportunity for which you are applying?

Newspaper ☐ Radio ☐ Job Service ☐ Current Employer ☐ Job Posting ☐ Professional Journal ☐ Other former Employer

For equal opportunity purposes, we are requesting the following information. This information is optional and will only be used to comply with Federal Equal Employment reporting requirements and for test validation purposes. Please check the appropriate groups below:

Female ☒ White ☒ Black ☐ Asian (Pacific Islander) ☐ Hispanic ☐ Native American ☐
 Male ☐ Other (specify) _____

I certify that all statements made by me on this application are true, complete and correct to the best of my knowledge and belief. I understand and agree that if I make any misstatements or omissions of fact, I am subject to disqualification or dismissal and to such other penalties prescribed by law or Civil Service Rules and Regulations.

I voluntarily give the Civil Service Commission of the City of Waterbury, CT, or its duly authorized representative the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation, and release from all liability or responsibility all persons, companies, or corporations supplying such information.

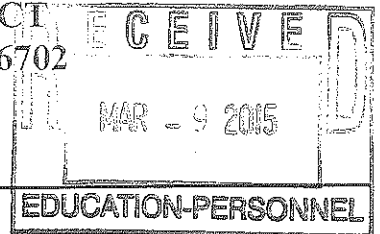
Date 2/26/2015

Signature

Cheryl Carlier

WATERBURY PUBLIC SCHOOL DISTRICT
236 GRAND STREET, WATERBURY, CT 06702

**APPLICATION FORM
FOR NON-CERTIFIED POSITIONS**



Position Applied For: Recreational Specialist

Applicant is requested to answer each question completely and accurately. Application may be rejected or receive a lower evaluation because items are incomplete or omitted.

PLEASE TYPE OR PRINT LEGIBLY IN INK

Name Hammigan Matthew J
Last First M. I.

Address 142 Moan Rd Cell Home Phone (203) 623-8732
No. Street

City, State, Zip Southbury CT 06488 Work Phone ()

Mailing Address

(If different from above)

**THE FOLLOWING QUESTIONS MUST BE ANSWERED "YES" OR "NO"
GIVE DETAILS IN SPACE BELOW**

Are you eligible to work in the United States? Yes ☒ No ☐

Have you ever been dismissed from employment for cause? Yes ☐ No ☒

If so, explain and state which jobs below.

Have you ever been convicted of an offense against the law
(including military offenses), are you now under charges of any offense against the law? Yes ☐ No ☒

If your answer is "Yes," give details below, Show: date, charge, place, court and disposition.
NOTE: a conviction per se is not a disqualifying factor. What you were convicted of, and how long ago are important. Give all the facts so that a decision can be made.

EXPLANATIONS TO QUESTIONS ABOVE (Use additional paper if necessary)

The Waterbury Public Schools have a vital interest in providing its employees with a safe, healthful and efficient work environment. It is the City's policy to maintain a work place free from drug and/or alcohol misuse and abuse.

Employment will be subject to a satisfactory background check, a post-offer medical examination (if required for the position that is offered) and a drug screening in accordance with state and federal law. Your signature on this form is your consent to the drug test.

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 <u>TS Mart</u>		Phone <u>(863) 267-3177</u>	
Address <u>150 Main St South</u>		City <u>Southbury</u> State <u>CT</u> Zip <u>06488</u>	
Dates of Employment: From (Mo/Yr) <u>9/14</u>	Title of Position <u>Sales Associate</u>		Name and Title of Supervisor <u>Maurice Keegan</u>
To (Mo/Yr) <u>—</u>	Description of Duties, Responsibilities, and Significant Accomplishments		
Salary: Starting <u>8.70</u>	Work cash register, help customers find products,		
Ending <u>9.20</u>	process products		
No. of Hours Worked Weekly:	Reason for Leaving <u>still working</u>		

PRIOR EMPLOYER

Name of Employer <u>City of Waterbury (Chase Park House)</u>		Phone <u>(203) 574-8242</u>	
Address <u>150 Sunnyside Avenue</u>		City <u>Waterbury</u> State <u>CT</u> Zip <u>06208</u>	
Dates of Employment: From (Mo/Yr) <u>06/14</u>	Title of Position <u>Recreational Specialist</u>		Name and Title of Supervisor <u>Ed McLann</u>
To (Mo/Yr) <u>08/14</u>	Description of Duties, Responsibilities, and Significant Accomplishments		
Salary: Starting	Helped create and lead activities for the campers throughout the		
Ending	summer program		
No. of Hours Worked Weekly:	Reason for Leaving <u>Summer (part time) job</u>		

PRIOR 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 <i>Significant</i> Accomplishments		
Salary: Starting			
Ending			
No. of Hours Worked Weekly:			
	Reason for Leaving		

EDUCATION

Indicate Last Grade Completed	Name and Address of High School Last Attended	Date of Graduation or G.E.D. Awarded
12th	Pemphig High School	06/2002

Name of College Business or Technical Schools Attended	Address	Dates of Attendance	Number of Credits Completed	Type of Degree	List Major Subjects
Western Connecticut State University	550 Huntington Ave Boston MA	04/12/95		—	Architecture
Manchester Valley	750 Shore Ferry Waterbury CT	01/95		—	Math/Science

If you have any additional education or experience, or have taken SPECIAL COURSES, list these below. Please include: Where acquired and the total number of hours involved.

How did you learn of the employment opportunity for which you are applying?

Newspaper ☐ Radio ☐ Job Service ☐ Current Employer ☐ Job Posting ☐ Professional Journal ☐ Other _____

For equal opportunity purposes, we are requesting the following information. This information is optional and will only be used to comply with Federal Equal Employment reporting requirements and for test validation purposes. Please check the appropriate groups below:

Female ☐ White ☒ Black ☐ Asian (Pacific Islander) ☐ Hispanic ☐ Native American ☐
Male ☐ Other (specify) _____

I certify that all statements made by me on this application are true, complete and correct to the best of my knowledge and belief. I understand and agree that if I make any misstatements or omissions of fact, I am subject to disqualification or dismissal and to such other penalties prescribed by law or Civil Service Rules and Regulations.

I voluntarily give the Civil Service Commission of the City of Waterbury, CT, or its duly authorized representative the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation, and release from all liability or responsibility all persons, companies, or corporations supplying such information.

Date 3/4/10

Signature [Signature]

WATERBURY PUBLIC SCHOOL DISTRICT
236 GRAND STREET, WATERBURY, CT 06702

APPLICATION FORM
FOR NON-CERTIFIED POSITIONS

FEB 25 2015

Position Applied For:

Recreation Specialist

Applicant is requested to answer each question completely and accurately. Application may be rejected or receive a lower evaluation because items are incomplete or omitted.

PLEASE TYPE OR PRINT LEGIBLY IN INK

Name Czarsky Pamela J
Last First M. I.

Address 88 Melbourne Tr Home Phone (203) 753-6704
No. Street

City, State, Zip Waterbury CT 06704 Work Phone (203) 374-8174

Mailing Address

(If different from above _____)

THE FOLLOWING QUESTIONS MUST BE ANSWERED "YES" OR "NO"
GIVE DETAILS IN SPACE BELOW

Are you eligible to work in the United States? Yes ☒ No ☐

Have you ever been dismissed from employment for cause? Yes ☐ No ☒

If so, explain and state which jobs below.

Have you ever been convicted of an offense against the law
(including military offenses), are you now under charges of any offense against the law? Yes ☐ No ☒

If your answer is "Yes," give details below, Show: date, charge, place, court and disposition.

NOTE: a conviction per se is not a disqualifying factor. What you were convicted of, and how long ago are important. Give all the facts so that a decision can be made.

EXPLANATIONS TO QUESTIONS ABOVE (Use additional paper if necessary)

The Waterbury Public Schools have a vital interest in providing its employees with a safe, healthful and efficient work environment. It is the City's policy to maintain a work place free from drug and/or alcohol misuse and abuse.

Employment will be subject to a satisfactory background check, a post-offer medical examination (if required for the position that is offered) and a drug screening in accordance with state and federal law. Your signature on this form is your consent to the drug test.

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

City of Waterbury		203 524-8174	
Name of Employer		Phone	
East main St		Waterbury	CT 06705
Address		City	State Zip
Dates of Employment: From (Mo/Yr) 7/1/80	Title of Position School Vice-Ad	Name and Title of Supervisor Harry Stamp	
To (Mo/Yr)	Description of Duties, Responsibilities, and Significant Accomplishments Copy Room and Filing		
Salary: Starting 10.30			
Ending			
No. of Hours Worked Weekly 4 1/2			
Reason for Leaving			

PRIOR EMPLOYER

IBM		() 641-8200	
Name of Employer		Phone	
IBM Northtown		Southbury	CT 06488
Address		City	State Zip
Dates of Employment: From (Mo/Yr) 1/1/80	Title of Position Kitchen/Cashier	Name and Title of Supervisor Joanne	
To (Mo/Yr)	Description of Duties, Responsibilities, and Significant Accomplishments Sandwich maker and cashier Dishwasher		
Salary: Starting 9.50			
Ending 10.00			
No. of Hours Worked Weekly 30 hrs			
Reason for Leaving Closed			

PRIOR EMPLOYER

Name of Employer W. H. Johnson (Phone) _____
 Address 522 Hedberg Rd. Waterbury City CT State 06204 Zip

Dates of Employment: From (Mo/Yr) <u>Sept 1 2000</u>	Title of Position <u>Cafeteria work and sandwich maker</u>	Name and Title of Supervisor <u>John Schenck</u>
To (Mo/Yr) <u>Oct 3 2000</u>	Description of Duties, Responsibilities, and Significant Accomplishments <u>Sit with cafeteria food. Breakfast and lunch sandwich maker and</u>	
Salary: Starting <u>\$6.00</u>	<u>Sandwich Maker</u>	
Ending		
No. of Hours Worked Weekly: <u>40 hrs</u>		
	Reason for Leaving <u>Lay off</u>	

EDUCATION

Indicate Last Grade Completed	Name and Address of High School Last Attended	Date of Graduation or G.E.D. Awarded
<u>Yr 12</u>	<u>W. L. By High</u>	<u>June 1988</u>

Name of College Business or Technical Schools Attended	Address	Dates of Attendance	Number of Credits Completed	Type of Degree	List Major Subjects
<u>Eastern</u>		<u>2 month</u>			<u>Bookkeeping</u>

If you have any additional education or experience, or have taken SPECIAL COURSES, list these below. Please include: Where acquired and the total number of hours involved.

Work for the YMCA Day Camp

How did you learn of the employment opportunity for which you are applying?

Newspaper ☐ Radio ☐ Job Service ☐ Current Employer ☒ Job Posting ☐ Professional Journal ☐ Other _____

For equal opportunity purposes, we are requesting the following information. This information is optional and will only be used to comply with Federal Equal Employment reporting requirements and for test validation purposes. Please check the appropriate groups below:

Female ☒ White ☒ Black ☐ Asian (Pacific Islander) ☐ Hispanic ☐ Native American ☐

Male ☐ Other (specify) _____

I certify that all statements made by me on this application are true, complete and correct to the best of my knowledge and belief. I understand and agree that if I make any misstatements or omissions of fact, I am subject to disqualification or dismissal and to such other penalties prescribed by law or Civil Service Rules and Regulations.

I voluntarily give the Civil Service Commission of the City of Waterbury, CT, or its duly authorized representative the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation, and release from all liability or responsibility all persons, companies, or corporations supplying such information.

Date 2/28/15

Signature Pamela Gault

WATERBURY PUBLIC SCHOOL DISTRICT
236 GRAND STREET, WATERBURY, CT 06702

APPLICATION FORM
FOR NON-CERTIFIED POSITIONS

Position Applied For:

Rec Specialist

Applicant is requested to answer each question completely and accurately. Application may be rejected or receive a lower evaluation because items are incomplete or omitted.

PLEASE TYPE OR PRINT LEGIBLY IN INK

Name Nemec James P
Last First M. I.

Address 55 Charter Oak A Home Phone (203) 757-4114
No. Street

City, State, Zip Waterbury, CT, 06708 Work Phone ()

Mailing Address

(If different from above)

THE FOLLOWING QUESTIONS MUST BE ANSWERED "YES" OR "NO"
GIVE DETAILS IN SPACE BELOW

Are you eligible to work in the United States? Yes ☒ No ☐

Have you ever been dismissed from employment for cause? Yes ☐ No ☒
If so, explain and state which jobs below.

Have you ever been convicted of an offense against the law
(including military offenses), are you now under charges of any offense against the law? Yes ☐ No ☒

If your answer is "Yes," give details below, Show: date, charge, place, court and disposition.

NOTE: a conviction per se is not a disqualifying factor. What you were convicted of, and how long ago are important. Give all the facts so that a decision can be made.

EXPLANATIONS TO QUESTIONS ABOVE (Use additional paper if necessary)

The Waterbury Public Schools have a vital interest in providing its employees with a safe, healthful and efficient work environment. It is the City's policy to maintain a work place free from drug and/or alcohol misuse and abuse.

Employment will be subject to a satisfactory background check, a post-offer medical examination (if required for the position that is offered) and a drug screening in accordance with state and federal law. Your signature on this form is your consent to the drug test.

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

<u>City of Waterbury</u> <small>Name of Employer</small>		<u>(203) 574-8292</u> <small>Phone</small>	
<u>150 Sunny side Ave</u> <small>Address</small>		<u>Waterbury</u> <small>City</small>	<u>CT</u> <small>State</small>
<u>06708</u> <small>Zip</small>			
Dates of Employment: From (Mo/Yr) <u>6/01B</u>	Title of Position <u>Rec Specialist</u>		Name and Title of Supervisor <u>Debbie Damici's</u>
To (Mo/Yr) <u>Present</u>	Description of Duties, Responsibilities, and <i>Significant</i> Accomplishments <u>Planned and Supervised Activities for Children</u>		
Salary: Starting <u>\$9.15</u>			
Ending			
No. of Hours Worked Weekly: <u>15 hrs</u>			
Reason for Leaving			

PRIOR EMPLOYER

<u>City of Waterbury</u> <small>Name of Employer</small>		<u>(203) 574-8292</u> <small>Phone</small>	
<u>150 Sunny Side Ave</u> <small>Address</small>		<u>Waterbury</u> <small>City</small>	<u>CT</u> <small>State</small>
<u>06708</u> <small>Zip</small>			
Dates of Employment: From (Mo/Yr) <u>6/11</u>	Title of Position <u>Play Ground leader</u>		Name and Title of Supervisor <u>Debbie Damici's</u>
To (Mo/Yr) <u>Present</u>	Description of Duties, Responsibilities, and <i>Significant</i> Accomplishments <u>Planned and Supervised Activities for children</u>		
Salary: Starting <u>8.50 8.50</u>			
Ending <u>8.50</u>			
No. of Hours Worked Weekly: <u>30 hrs</u>			
Reason for Leaving <u>program ended</u>			

PRIOR 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 <i>Significant</i> Accomplishments _____			
Salary: Starting	_____			
Ending	_____			
No. of Hours Worked Weekly:	_____			
Reason for Leaving _____				

EDUCATION

Indicate Last Grade Completed	Name and Address of High School Last Attended	Date of Graduation or G.E.D. Awarded
From College	Holycross High School 5870 Orange Rd. Watbury	June 1, 2013

Name of College Business or Technical Schools Attended	Address	Dates of Attendance	Number of Credits Completed	Type of Degree	List Major Subjects
Naugatuck Valley	750 Chase Parkway, Watbury	D-Present	18	General	

If you have any additional education or experience, or have taken SPECIAL COURSES, list these below. Please include: Where acquired and the total number of hours involved.

How did you learn of the employment opportunity for which you are applying?

Newspaper ☐ Radio ☐ Job Service ☐ Current Employer ☒ Job Posting ☐ Professional Journal ☐ Other _____

For equal opportunity purposes, we are requesting the following information. This information is optional and will only be used to comply with Federal Equal Employment reporting requirements and for test validation purposes. Please check the appropriate groups below:

Female ☐ White ☒ Black ☐ Asian (Pacific Islander) ☐ Hispanic ☐ Native American ☐

Male ☐ Other (specify) _____

I certify that all statements made by me on this application are true, complete and correct to the best of my knowledge and belief. I understand and agree that if I make any misstatements or omissions of fact, I am subject to disqualification or dismissal and to such other penalties prescribed by law or Civil Service Rules and Regulations.

I voluntarily give the Civil Service Commission of the City of Waterbury, CT, or its duly authorized representative the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation, and release from all liability or responsibility all persons, companies, or corporations supplying such information.

Date 2/27/2015

Signature _____

[Handwritten Signature]

WATERBURY PUBLIC SCHOOL DISTRICT
236 GRAND STREET, WATERBURY, CT 06702

APPLICATION FORM
FOR NON-CERTIFIED POSITIONS

Position Applied For: _____

Applicant is requested to answer each question completely and accurately. Application may be rejected or receive a lower evaluation because items are incomplete or omitted.

PLEASE TYPE OR PRINT LEGIBLY IN INK

Name McDuff Michael R
Last First M. I.

Address 49 Robincrest Drive Home Phone (203) 575-1177
No. Street

City, State, Zip Waterbury, CT 06708 Work Phone (203) 565-6872

Mailing Address _____

(If different from above _____)

THE FOLLOWING QUESTIONS MUST BE ANSWERED "YES" OR "NO"
GIVE DETAILS IN SPACE BELOW

Are you eligible to work in the United States? Yes ☒ No ☐

Have you ever been dismissed from employment for cause? Yes ☐ No ☒
If so, explain and state which jobs below.

Have you ever been convicted of an offense against the law
(including military offenses), are you now under charges of any offense against the law? Yes ☐ No ☒

If your answer is "Yes," give details below, Show: date, charge, place, court and disposition.

NOTE: a conviction per se is not a disqualifying factor. What you were convicted of, and how long ago are important. Give all the facts so that a decision can be made.

EXPLANATIONS TO QUESTIONS ABOVE (Use additional paper if necessary)

The Waterbury Public Schools have a vital interest in providing its employees with a safe, healthful and efficient work environment. It is the City's policy to maintain a work place free from drug and/or alcohol misuse and abuse.

Employment will be subject to a satisfactory background check, a post-offer medical examination (if required for the position that is offered) and a drug screening in accordance with state and federal law. Your signature on this form is your consent to the drug test.

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

City of Waterbury		()	
Name of Employer		Phone	
Waterbury		CT 06706	
Address		City	State Zip
Dates of Employment: From (Mo/Yr)	Title of Position	Name and Title of Supervisor	
2010	Rec Specialist	Joyce Hotchkiss Dubicki	
To (Mo/Yr) Present	Description of Duties, Responsibilities, and Significant Accomplishments Watch and perform various activities with children		
Salary: Starting	\$9.16		
Ending			
No. of Hours Worked Weekly:	20		
	Reason for Leaving Still employed		

PRIOR EMPLOYER

		()	
Name of Employer		Phone	
Address		City	State Zip
Dates of Employment: From (Mo/Yr)	Title of Position	Name and Title of Supervisor	
	Description of Duties, Responsibilities, and Significant Accomplishments		
Salary: Starting			
Ending			
No. of Hours Worked Weekly:			
	Reason for Leaving		

PRIOR 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 <i>Significant</i> Accomplishments		
Salary: Starting			
Ending			
No. of Hours Worked Weekly:			
	Reason for Leaving		

EDUCATION

Indicate Last Grade Completed	Name and Address of High School Last Attended	Date of Graduation or G.E.D. Awarded
12th	Holy Cross High School	June, 2010

Name of College Business or Technical Schools Attended	Address	Dates of Attendance	Number of Credits Completed	Type of Degree	List Major Subjects
NVC	Chase Parkway	Present	50	Associates	Accounting

If you have any additional education or experience, or have taken SPECIAL COURSES, list these below. Please include: Where acquired and the total number of hours involved.

How did you learn of the employment opportunity for which you are applying?

Newspaper ☐ Radio ☐ Job Service ☐ Current Employer ☐ Job Posting ☐ Professional Journal ☐ Other _____

For equal opportunity purposes, we are requesting the following information. This information is optional and will only be used to comply with Federal Equal Employment reporting requirements and for test validation purposes. Please check the appropriate groups below:

Female ☐ White ☒ Black ☐ Asian (Pacific Islander) ☐ Hispanic ☐ Native American ☐
Male ☒ Other (specify) _____

I certify that all statements made by me on this application are true, complete and correct to the best of my knowledge and belief. I understand and agree that if I make any misstatements or omissions of fact, I am subject to disqualification or dismissal and to such other penalties prescribed by law or Civil Service Rules and Regulations.

I voluntarily give the Civil Service Commission of the City of Waterbury, CT, or its duly authorized representative the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation, and release from all liability or responsibility all persons, companies, or corporations supplying such information.

Date _____

Signature _____

meo mcl

WATERBURY PUBLIC SCHOOL DISTRICT
236 GRAND STREET, WATERBURY, CT 06702

FEB 27 2015

APPLICATION FORM
FOR NON-CERTIFIED POSITIONS

Position Applied For:

Recreation Specialist

Applicant is requested to answer each question completely and accurately. Application may be rejected or receive a lower evaluation because items are incomplete or omitted.

PLEASE TYPE OR PRINT LEGIBLY IN INK

Name Smith Nadir
Last First M. I.

Address 278 Transit St Home Phone (203) 917-1135
No. Street

City, State, Zip Waterbury, CT 06704 Work Phone ()

Mailing Address

(If different from above)

THE FOLLOWING QUESTIONS MUST BE ANSWERED "YES" OR "NO"
GIVE DETAILS IN SPACE BELOW

Are you eligible to work in the United States? Yes ☒ No ☐

Have you ever been dismissed from employment for cause? Yes ☐ No ☒

If so, explain and state which jobs below.

Have you ever been convicted of an offense against the law
(including military offenses), are you now under charges of any offense against the law? Yes ☐ No ☒

If your answer is "Yes," give details below, Show: date, charge, place, court and disposition.

NOTE: a conviction per se is not a disqualifying factor. What you were convicted of, and how long ago are important. Give all the facts so that a decision can be made.

EXPLANATIONS TO QUESTIONS ABOVE (Use additional paper if necessary)

The Waterbury Public Schools have a vital interest in providing its employees with a safe, healthful and efficient work environment. It is the City's policy to maintain a work place free from drug and/or alcohol misuse and abuse.

Employment will be subject to a satisfactory background check, a post-offer medical examination (if required for the position that is offered) and a drug screening in accordance with state and federal law. Your signature on this form is your consent to the drug test.

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

<u>City of Waterbury (Meredy High School)</u> Name of Employer		<u>(860) 754-8104</u> Phone	
<u>433 Highland Ave</u> Address		<u>Waterbury</u> City	<u>CT</u> State
<u>06704</u> Zip			
Dates of Employment: From (Mo/Yr) <u>11/13</u>	Title of Position <u>Girls Freshman Basketball Coach</u>	Name and Title of Supervisor <u>Robert Johnston / David Rossi</u>	
To (Mo/Yr) <u>Current</u>	Description of Duties, Responsibilities, and Significant Accomplishments <u>Teaching the skills and fundamentals of the game of basketball.</u>		
Salary: Starting <u>\$7000</u>	<u>Providing a safe and learning conducive environment for the athlete.</u>		
Ending <u>\$7000</u>	<u>Enforcing discipline and sportsman like behavior at all times.</u>		
No. of Hours Worked Weekly: <u>12</u>	<u>Setting a high standard of ethics for the student-athlete to follow.</u>		
Reason for Leaving <u>Current.</u>			

PRIOR 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 Significant Accomplishments		
Salary: Starting			
Ending			
No. of Hours Worked Weekly:			
Reason for Leaving			

PRIOR 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 Significant Accomplishments		
Salary: Starting			
Ending			
No. of Hours Worked Weekly:			
	Reason for Leaving		

EDUCATION

Indicate Last Grade Completed	Name and Address of High School Last Attended	Date of Graduation or G.E.D. Awarded
12 th	Holy Cross High School	06/11 - Diploma

Name of College Business or Technical Schools Attended	Address	Dates of Attendance	Number of Credits Completed	Type of Degree	List Major Subjects
Norwalk Valley	750 Chase PKWY, WTBRY, CT, 06097	09/12	13		Psychology

If you have any additional education or experience, or have taken SPECIAL COURSES, list these below. Please include: Where acquired and the total number of hours involved.

How did you learn of the employment opportunity for which you are applying?

Newspaper ☐ Radio ☐ Job Service ☐ Current Employer ☐ Job Posting ☐ Professional Journal ☐ Other _____

For equal opportunity purposes, we are requesting the following information. This information is optional and will only be used to comply with Federal Equal Employment reporting requirements and for test validation purposes. Please check the appropriate groups below:

Female ☐ White ☒ Black ☐ Asian (Pacific Islander) ☐ Hispanic ☒ Native American ☐

Male ☐ Other (specify) _____

I certify that all statements made by me on this application are true, complete and correct to the best of my knowledge and belief. I understand and agree that if I make any misstatements or omissions of fact, I am subject to disqualification or dismissal and to such other penalties prescribed by law or Civil Service Rules and Regulations.

I voluntarily give the Civil Service Commission of the City of Waterbury, CT, or its duly authorized representative the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation, and release from all liability or responsibility all persons, companies, or corporations supplying such information.

Date 8/27/2015

Signature

Bonnie

WATERBURY PUBLIC SCHOOL DISTRICT
236 GRAND STREET, WATERBURY, CT 06702

APPLICATION FORM
FOR NON-CERTIFIED POSITIONS

Position Applied For:

Waterbury public schools

Applicant is requested to answer each question completely and accurately. Application may be rejected or receive a lower evaluation because items are incomplete or omitted.

PLEASE TYPE OR PRINT LEGIBLY IN INK

Name Edwards Toni D
Last First M. I.

Address 578 Congress Ave Home Phone (203) 510 2820
No. Street

City, State, Zip Waterbury CT 06708 Work Phone ()

Mailing Address

(If different from above)

THE FOLLOWING QUESTIONS MUST BE ANSWERED "YES" OR "NO"
GIVE DETAILS IN SPACE BELOW

Are you eligible to work in the United States? Yes ☒ No ☐

Have you ever been dismissed from employment for cause? Yes ☐ No ☒

If so, explain and state which jobs below.

Have you ever been convicted of an offense against the law
(including military offenses), are you now under charges of any offense against the law? Yes ☐ No ☒

If your answer is "Yes," give details below, Show: date, charge, place, court and disposition.

NOTE: a conviction per se is not a disqualifying factor. What you were convicted of, and how long ago are important. Give all the facts so that a decision can be made.

EXPLANATIONS TO QUESTIONS ABOVE (Use additional paper if necessary)

The Waterbury Public Schools have a vital interest in providing its employees with a safe, healthful and efficient work environment. It is the City's policy to maintain a work place free from drug and/or alcohol misuse and abuse.

Employment will be subject to a satisfactory background check, a post-offer medical examination (if required for the position that is offered) and a drug screening in accordance with state and federal law. Your signature on this form is your consent to the drug test.

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

<u>City of Waterbury</u>		() Phone	
Address		<u>Wtby</u> City	<u>CT</u> State
Zip		<u>0670</u>	
Dates of Employment: From (Mo/Yr)	Title of Position	Name and Title of Supervisor	
<u>1/13</u>		<u>Ed McCann</u>	
To (Mo/Yr) <u>Present</u>	Description of Duties, Responsibilities, and Significant Accomplishments		
Salary: Starting			
<u>8.75</u>			
Ending			
<u>9.15</u>			
No. of Hours Worked Weekly:			
<u>18</u>			
Reason for Leaving			
<u>Present</u>			

PRIOR EMPLOYER

<u>Wendys</u>		<u>(203) 573 0113</u> Phone	
Address		City	State
Zip			
Dates of Employment: From (Mo/Yr)	Title of Position	Name and Title of Supervisor	
<u>09/05</u>	<u>Cashier</u>	<u>Tracy B</u>	
To (Mo/Yr) <u>10/11</u>	Description of Duties, Responsibilities, and Significant Accomplishments		
Salary: Starting			
<u>7.75</u>			
Ending			
<u>8.75</u>			
No. of Hours Worked Weekly:			
<u>40</u>			
Reason for Leaving			
<u>Better opportunity</u>			

PRIOR 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 <i>Significant Accomplishments</i>		
Salary: Starting			
Ending			
No. of Hours Worked Weekly:			
	Reason for Leaving		

EDUCATION

Indicate Last Grade Completed	Name and Address of High School Last Attended	Date of Graduation or G.E.D. Awarded
12 th	John F. Kennedy	2009

Name of College Business or Technical Schools Attended	Address	Dates of Attendance	Number of Credits Completed	Type of Degree	List Major Subjects
Naugatuck Valley	750 Chase Pkwy		3		

If you have any additional education or experience, or have taken SPECIAL COURSES, list these below. Please include: Where acquired and the total number of hours involved.

How did you learn of the employment opportunity for which you are applying?

Newspaper ☐ Radio ☐ Job Service ☐ Current Employer ☐ Job Posting ☒ Professional Journal ☐ Other _____

For equal opportunity purposes, we are requesting the following information. This information is optional and will only be used to comply with Federal Equal Employment reporting requirements and for test validation purposes. Please check the appropriate groups below:

Female ☒ White ☐ Black ☒ Asian (Pacific Islander) ☐ Hispanic ☐ Native American ☐

Male ☐ Other (specify) _____

I certify that all statements made by me on this application are true, complete and correct to the best of my knowledge and belief. I understand and agree that if I make any misstatements or omissions of fact, I am subject to disqualification or dismissal and to such other penalties prescribed by law or Civil Service Rules and Regulations.

I voluntarily give the Civil Service Commission of the City of Waterbury, CT, or its duly authorized representative the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation, and release from all liability or responsibility all persons, companies, or corporations supplying such information.

Date 3/6/14

Signature

Joni Edwards

WATERBURY PUBLIC SCHOOL DISTRICT
236 GRAND STREET, WATERBURY, CT 06702

APPLICATION FORM
FOR NON-CERTIFIED POSITIONS

MAR - 6 2015

Position Applied For:

Recreation Specialists

Applicant is requested to answer each question completely and accurately. Application may be rejected or receive a lower evaluation because items are incomplete or omitted.

PLEASE TYPE OR PRINT LEGIBLY IN INK

Name Burke Shantia C.
Last First M. I.

Address 101 Eldridge Street Home Phone (203) 819-3252
No. Street

City, State, Zip Waterbury, CT 06704 Work Phone ()

Mailing Address

(If different from above)

THE FOLLOWING QUESTIONS MUST BE ANSWERED "YES" OR "NO"
GIVE DETAILS IN SPACE BELOW

Are you eligible to work in the United States? Yes ☒ No ☐

Have you ever been dismissed from employment for cause? Yes ☐ No ☒
If so, explain and state which jobs below.

Have you ever been convicted of an offense against the law
(including military offenses), are you now under charges of any offense against the law? Yes ☐ No ☒

If your answer is "Yes," give details below, Show: date, charge, place, court and disposition.

NOTE: a conviction per se is not a disqualifying factor. What you were convicted of, and how long ago are important. Give all the facts so that a decision can be made.

EXPLANATIONS TO QUESTIONS ABOVE (Use additional paper if necessary)

The Waterbury Public Schools have a vital interest in providing its employees with a safe, healthful and efficient work environment. It is the City's policy to maintain a work place free from drug and/or alcohol misuse and abuse.

Employment will be subject to a satisfactory background check, a post-offer medical examination (if required for the position that is offered) and a drug screening in accordance with state and federal law. Your signature on this form is your consent to the drug test.

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

<u>Quinnipiac Polling Institute</u>		<u>(203) 582-5201</u>	
Name of Employer		Phone	
<u>46 W Woods</u>		<u>Hamden CT 06518</u>	
Address		City State Zip	
Dates of Employment: From (Mo/Yr) <u>08/2014</u>	Title of Position <u>Interviewer</u>		
Name and Title of Supervisor <u>Carmen Carranza, Asst. Manager</u>			
To (Mo/Yr) <u>Current/Present</u>	Description of Duties, Responsibilities, and Significant Accomplishments <u>My duty is to record the opinions of individuals through a survey over the phone.</u>		
Salary: Starting <u>\$10.50</u>			
Ending			
No. of Hours Worked Weekly: <u>8.5</u>			
Reason for Leaving <u>I am still currently employed with this company.</u>			

PRIOR EMPLOYER

<u>Naugatuck Valley Community College</u>		<u>(203) 575-8063</u>	
Name of Employer		Phone	
<u>750 Chase Parkway</u>		<u>Waterbury CT 06708</u>	
Address		City State Zip	
Dates of Employment: From (Mo/Yr) <u>08/2013</u>	Title of Position <u>Student Worker</u>		
Name and Title of Supervisor <u>Dr. Peter Angelastro, Director</u>			
To (Mo/Yr) <u>05/2014</u>	Description of Duties, Responsibilities, and Significant Accomplishments <u>I was responsible for assisting the students in their math, helping them complete assignments and study for exams. At times, I was also responsible for administering exams.</u>		
Salary: Starting <u>\$8.50</u>			
Ending <u>\$9.00</u>			
No. of Hours Worked Weekly: <u>11.5</u>			
Reason for Leaving <u>I graduated and could no longer be a student worker.</u>			

PRIOR EMPLOYER

NYCC Academic Center of Excellence 203 596-8717
 Name of Employer Phone
 750 Chase Parkway Waterbury CT 06708
 Address City State Zip

Dates of Employment: From (Mo/Yr) 01/2013 To (Mo/Yr) 07/2013	Title of Position Peer Math Tutor	Name and Title of Supervisor
Salary: Starting \$8.25 Ending \$8.50	Description of Duties, Responsibilities, and Significant Accomplishments My duty was to tutor my fellow college students with their math homework and studying for exams as well as quizzes. I would also teach them how to properly use a calculator.	
No. of Hours Worked Weekly: 5	Reason for Leaving I was not eligible for work study.	

EDUCATION

Indicate Last Grade Completed 12 th grade	Name and Address of High School Last Attended Alpha & Omega Christian Academy 50 Linden St., Wthby, CT 06702	Date of Graduation or G.E.D. Awarded 6/20/2011
---	--	---

Name of College Business or Technical Schools Attended	Address	Dates of Attendance	Number of Credits Completed	Type of Degree	List Major Subjects
Norwich Valley CC	750 Chase Pkwy, Wthby, CT 06708	9/2011-5/14	87	A.A. (2)	Mathematics & Science
Quinnipiac Univ	275 Mt Carmel Ave, Hamden, CT 06518	8/14-present	13	N/A	Biology

If you have any additional education or experience, or have taken SPECIAL COURSES, list these below. Please include: Where acquired and the total number of hours involved.

How did you learn of the employment opportunity for which you are applying?

Newspaper ☐ Radio ☐ Job Service ☐ Current Employer ☐ Job Posting ☐ Professional Journal ☐ Other Mrs. Kathy Taylor

For equal opportunity purposes, we are requesting the following information. This information is optional and will only be used to comply with Federal Equal Employment reporting requirements and for test validation purposes. Please check the appropriate groups below:

Female ☒ White ☐ Black ☒ Asian (Pacific Islander) ☐ Hispanic ☐ Native American ☐
 Male ☐ Other (specify) _____

I certify that all statements made by me on this application are true, complete and correct to the best of my knowledge and belief. I understand and agree that if I make any misstatements or omissions of fact, I am subject to disqualification or dismissal and to such other penalties prescribed by law or Civil Service Rules and Regulations.

I voluntarily give the Civil Service Commission of the City of Waterbury, CT, or its duly authorized representative the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation, and release from all liability or responsibility all persons, companies, or corporations supplying such information.

Date 3/2/15 Signature Shantia C. Burke

Shantia C. Burke

101 Eldridge Street, Waterbury, CT 06704

203-819-3252

Shantia.burke@quinnipiac.edu

EDUCATION

2014 – present Quinnipiac University, Bachelors of Science

2011- 2014 Naugatuck Valley Community College, Associates of Arts

2007- 2011 Alpha & Omega Christian Academy, High School Diploma

WORK EXPERIENCE

Interviewer, August 2014 to present

Quinnipiac Polling Institute, Hamden, CT

- Completing surveys over the phone

Student Worker, August 2013 to May 2014

Mathematic Department, Naugatuck Valley Community College, Waterbury, CT

- Assist students in their mathematical skills
- Assist the professor in teaching the students

Peer Math Tutor, January 2013 to July 2013

Academic Center for Excellence, Naugatuck Valley Community College, Waterbury, CT

- Tutor fellow college students in their math skills and homework

Office Assistant and Algebra Tutor, September 2011 to December 2013

Alpha & Omega Christian Academy, Waterbury, CT

- Type documents and reminders for parents

VOLUNTEER EXPERIENCE

Youth President, 2009 to present

Alpha & Omega Kingdom Ministries, Waterbury, CT

- Coordinate exciting events for the youth in the church

Director of the Divine Signs, 2010 to present

Alpha & Omega Kingdom Ministries, Waterbury, CT

- Organize fundraisers to raise money for the account
- Teach American Sign Language to a group of young ladies

Volunteer and Mentor, November 2012 to July 2013

Waterbury AmeriCorps, Waterbury, CT

- Volunteered at After-School programs along with many other events

Children's Literature Reader, Spring 2011

Staywell Healthcare Center

- Read books to the children in the waiting room

SKILLS

American Sign Language

Computer skills including Microsoft Word, Excel, PowerPoint and Publisher

Organizational skills

Communication skills

Leadership skills

WATERBURY PUBLIC SCHOOL DISTRICT
236 GRAND STREET, WATERBURY, CT 06702

APPLICATION FORM
FOR NON-CERTIFIED POSITIONS

WAR - 6 2015

Position Applied For:

Recreation Specialist

Applicant is requested to answer each question completely and accurately. Application may be rejected or receive a lower evaluation because items are incomplete or omitted.

PLEASE TYPE OR PRINT LEGIBLY IN INK

Name Casper Matthew A
Last First M. I.

Address 16 Richard Terrace Home Phone (203) 757-1809
No. Street

City, State, Zip Waterbury, CT 06705 Work Phone (203) 560-2043

Mailing Address

(If different from above)

THE FOLLOWING QUESTIONS MUST BE ANSWERED "YES" OR "NO"
GIVE DETAILS IN SPACE BELOW

Are you eligible to work in the United States? Yes ☒ No ☐

Have you ever been dismissed from employment for cause? Yes ☐ No ☒
If so, explain and state which jobs below.

Have you ever been convicted of an offense against the law
(including military offenses), are you now under charges of any offense against the law? Yes ☐ No ☒

If your answer is "Yes," give details below, Show: date, charge, place, court and disposition.

NOTE: a conviction per se is not a disqualifying factor. What you were convicted of, and how long ago are important. Give all the facts so that a decision can be made.

EXPLANATIONS TO QUESTIONS ABOVE (Use additional paper if necessary)

The Waterbury Public Schools have a vital interest in providing its employees with a safe, healthful and efficient work environment. It is the City's policy to maintain a work place free from drug and/or alcohol misuse and abuse.

Employment will be subject to a satisfactory background check, a post-offer medical examination (if required for the position that is offered) and a drug screening in accordance with state and federal law. Your signature on this form is your consent to the drug test.

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

City of Waterbury		(203) 574-6761	
236 Grand Street		Waterbury	CT 06705
Name of Employer		Phone	
Address		City	State Zip
Dates of Employment: From (Mo/Yr)	Title of Position <i>Recreation Specialist</i>	Name and Title of Supervisor <i>Joyce Dubicki (Washington)</i>	
To (Mo/Yr)	Description of Duties, Responsibilities, and Significant Accomplishments <i>August 2012 - Present Recreation Specialist, Group Leader, etc.</i>		
Salary: Starting	<i>8.75</i>		
Ending	<i>9.15</i>		
No. of Hours Worked Weekly:	<i>12-15</i>		
	Reason for Leaving <i>Low pay</i>		

PRIOR EMPLOYER

City of Waterbury		(203) 574-6761	
236 Grand Street		Waterbury	CT 06705
Name of Employer		Phone	
Address		City	State Zip
Dates of Employment: From (Mo/Yr)	Title of Position <i>Rec Specialist</i>	Name and Title of Supervisor <i>Victor Cuevas</i>	
To (Mo/Yr)	Description of Duties, Responsibilities, and Significant Accomplishments <i>August 2012 - March 2014 Gym supervisor,</i>		
Salary: Starting	<i>8.75</i>		
Ending	<i>8.75</i>		
No. of Hours Worked Weekly:			
	Reason for Leaving <i>Transferred to Washington by city</i>		

PRIOR 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 *Significant* Accomplishments

Salary:
Starting

Ending

No. of Hours
Worked Weekly:

Reason for Leaving

EDUCATION

Indicate Last Grade
Completed

Name and Address of High School Last Attended

Date of Graduation or
G.E.D. Awarded

*Sophomore
College*

Holy Cross High School

June 2011

Name of College
Business or
Technical Schools
Attended

Address

Dates of
Attendance

Number of
Credits
Completed

Type of
Degree

List Major
Subjects

2011-Present

*University
of Connecticut - Waterbury*

*2011-
Present*

Associate

*Human Development
and Family Studies*

If you have any additional education or experience, or have taken SPECIAL COURSES, list these below. Please include: Where acquired and the total number of hours involved.

How did you learn of the employment opportunity for which you are applying?

Newspaper ☐

Radio ☐

Job Service ☐

Current Employer ☒

Job Posting ☐

Professional Journal ☐

Other _____

For equal opportunity purposes, we are requesting the following information. This information is optional and will only be used to comply with Federal Equal Employment reporting requirements and for test validation purposes. Please check the appropriate groups below:

Female ☐

White ☒

Black ☐

Asian (Pacific Islander) ☐

Hispanic ☐

Native American ☐

Male ☐

Other (specify) _____

I certify that all statements made by me on this application are true, complete and correct to the best of my knowledge and belief. I understand and agree that if I make any misstatements or omissions of fact, I am subject to disqualification or dismissal and to such other penalties prescribed by law or Civil Service Rules and Regulations.

I voluntarily give the Civil Service Commission of the City of Waterbury, CT, or its duly authorized representative the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation, and release from all liability or responsibility all persons, companies, or corporations supplying such information.

Date

3/6/2015

Signature

Matt Lopez

WATERBURY PUBLIC SCHOOL DISTRICT
236 GRAND STREET, WATERBURY, CT 06702

APPLICATION FORM
FOR NON-CERTIFIED POSITIONS

Position Applied For:

Recreation Specialist

Applicant is requested to answer each question completely and accurately. Application may be rejected or receive a lower evaluation because items are incomplete or omitted.

PLEASE TYPE OR PRINT LEGIBLY IN INK

Name Polanco Carolina L.
Last First M. I.

Address 1096 Middlebury Rd. Home Phone (860) 417-3750
No. Street

City, State, Zip Watertown, CT, 06795 Work Phone ()

Mailing Address

(If different from above)

THE FOLLOWING QUESTIONS MUST BE ANSWERED "YES" OR "NO"
GIVE DETAILS IN SPACE BELOW

Are you eligible to work in the United States? Yes ☒ No ☐

Have you ever been dismissed from employment for cause? Yes ☐ No ☒

If so, explain and state which jobs below.

Have you ever been convicted of an offense against the law
(including military offenses), are you now under charges of any offense against the law? Yes ☐ No ☒

If your answer is "Yes," give details below, Show: date, charge, place, court and disposition.

NOTE: a conviction per se is not a disqualifying factor. What you were convicted of, and how long ago are important. Give all the facts so that a decision can be made.

EXPLANATIONS TO QUESTIONS ABOVE (Use additional paper if necessary)

The Waterbury Public Schools have a vital interest in providing its employees with a safe, healthful and efficient work environment. It is the City's policy to maintain a work place free from drug and/or alcohol misuse and abuse.

Employment will be subject to a satisfactory background check, a post-offer medical examination (if required for the position that is offered) and a drug screening in accordance with state and federal law. Your signature on this form is your consent to the drug test.

PRESENT OR LAST EMPLOYER

Carvel Ice Cream
Name of Employer
1300 main street
Address
Watertown
City
CT
State
274-1462
Phone
06795
Zip

Dates of Employment: From (Mo/Yr)		Title of Position	City	State	Zip	Name and Title of Supervisor
3/2010						
To (Mo/Yr) Present		Description of Duties, Responsibilities, and <i>Significant</i> Accomplishments				
Salary: \$8.25		• Fulfill customer orders				
Starting		• maintain cleanliness of equipment and store				
Ending \$10.00		• Answer phone calls				
No. of Hours Worked Weekly: 15						
		Reason for Leaving				

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 <i>Significant Accomplishments</i>			
Salary: Starting				
Ending				
No. of Hours Worked Weekly:				
	Reason for Leaving			

PRIOR 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 <i>Significant</i> Accomplishments		
Salary: Starting			
Ending			
No. of Hours Worked Weekly:			
	Reason for Leaving		

EDUCATION

Indicate Last Grade Completed	Name and Address of High School Last Attended	Date of Graduation or G.E.D. Awarded
12	Watertown High School	6/2012

Name of College Business or Technical Schools Attended	Address	Dates of Attendance	Number of Credits Completed	Type of Degree	List Major Subjects
SCSV	501 Crescent St, New Haven CT	2012 to present	87		major = psychology concentration in Mental Health

If you have any additional education or experience, or have taken SPECIAL COURSES, list these below. Please include: Where acquired and the total number of hours involved.

- cheerleading captain at SCSV
- Note taker for the Disability Resource Center

How did you learn of the employment opportunity for which you are applying?

Newspaper ☐ Radio ☐ Job Service ☐ Current Employer ☐ Job Posting ☒ Professional Journal ☐ Other _____

For equal opportunity purposes, we are requesting the following information. This information is optional and will only be used to comply with Federal Equal Employment reporting requirements and for test validation purposes. Please check the appropriate groups below:

Female ☒ White ☒ Black ☐ Asian (Pacific Islander) ☐ Hispanic ☒ Native American ☐

Male ☐ Other (specify) _____

I certify that all statements made by me on this application are true, complete and correct to the best of my knowledge and belief. I understand and agree that if I make any misstatements or omissions of fact, I am subject to disqualification or dismissal and to such other penalties prescribed by law or Civil Service Rules and Regulations.

I voluntarily give the Civil Service Commission of the City of Waterbury, CT, or its duly authorized representative the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation, and release from all liability or responsibility all persons, companies, or corporations supplying such information.

Date 02/25/2015

Signature

Larolina Palanco

Communications



Packet week ending:

3/10/15



Waterbury Public Schools

*Louise Allen Brown, J.D., M.P.A.
Grant Writer*

March 6, 2015

Honorable Board of Education
City of Waterbury
236 Grand Street
Waterbury, CT 06702

Re: Universal Service Fund Discounts on Telephone Service, 2015-16 (FCC)

Dear Commissioners:

I am writing, as in past years, to notify you that at the request of Mr. Paul Guidone, Chief Operating Officer and Chief of Staff, and with the permission of Dr. Kathleen M. Ouellette, Superintendent of Schools, I am in the process of preparing and submitting an application on behalf of the district for Universal Service Fund (USF) Discounts on local and long distance telephone service. Once again, we are also seeking discounts for alarm circuits, representing an additional discount and benefit to the district.

Specifically, I am in the process of preparing the USF Form 471 required to apply for discounts for July 1, 2015 to June 30, 2016, based upon the multi-year telephone service contract between the City and Frontier (formerly AT&T). As in other years, the discounts are based upon our percentage of students eligible for free/reduced priced meals. If approved, the discounts will reduce the monthly telephone bill significantly.

Please do not hesitate to contact me if you have any questions about this program. I would be happy to talk with you further.

Very truly yours,

Louise Allen Brown
Grant Writer

cc: Dr. Kathleen M. Ouellette, Superintendent of Schools
Paul Guidone, Chief Operating Officer & Chief of Staff

Carrie Swain

From: BARBARA CREMINS
Sent: Monday, March 09, 2015 12:58 PM
To: 1 Board of Ed
Cc: Kathleen Ouellette
Subject: Library page elimination
Attachments: Lib. Page Elim. letter 1.docx

Dear Dr. Ouellette and Waterbury Board of Education Members,

Attached please find the attached letter written by the Elementary Librarians regarding the elimination of the Library Page position.

We ask you to please reconsider. We are available to explore this situation and answer any questions you may have.

We will also forward our argument to Mayor O'Leary.

Thank you for your time.

Bobbi Cremins

School Librarian
Maloney Magnet School
233 South Elm Street
Waterbury, CT 06706
203-574-6704

March 9, 2015

To Whom It May Concern:

On behalf of all Elementary School Library Media Specialists in Waterbury, we are writing in objection to the possible elimination of Library Pages.

Literacy is the most important issue facing schools in the 21st Century. Developing reading skills is the basic building block of any successful literacy program. Direct instruction of these skills is important, but school librarians realize another important fact. Good reading develops from our students' motivations, individual interests, and continuous practice. These activities are nurtured and developed in one place: the school library. The Media Specialist leads the readers in their quest for great books, and teaches 21st Century Information Literacy Skills.

Behind the scenes, though, is another important person: the Library Page. This important support staff member helps to maintain the library as a welcoming, clean, comfortable and safe place. She/he organizes the shelves in the necessary orderly fashion, allowing patrons easy access of materials. She/he assists with circulation of as many as 200 books every day, and returns that same amount of books to the shelves, which is a daunting task! She/he aides in the cataloging of materials, repair of books, and dealing with many other unexpected requests every day.

Please understand that the Elementary Library Media Specialists are **Teacher-Librarians**. The library is our classroom. Besides maintaining the library, our responsibility is to teach library research skills and to support the curriculum of every grade level in our building. The Library Page is essential to the day to day operation of the media center. His/her presence affords us more time for instruction and supervision of our students. The chart below clearly supports our request.

The school librarian has...

One or more full-time support staff (para-librarian) assigned to the library that assists users with non-instructional needs.	Highly Effective
One full-time support staff assigned to the library to assist users with non-instructional needs; volunteers provide assistance to the para-librarian.	Effective
One support staff assigned to the library part-time to assist users with non-instructional needs; volunteers provide assistance to the para-librarian.	Progressing Toward Effective
No support staff assigned to the library and/or volunteers replace para-librarian role.	Ineffective
	Not evident

According to SCHOOL LIBRARY IMPACT STUDIES: A Review of Findings and Guide to Sources (Revised, August 12, 2013)
Prepared for the Harry & Jeanette Weinberg foundation by Frances Grete, Gretes Research Services)

Without the assistance of our Library Pages, our opportunities to meet the needs of our students and teachers would be severely diminished. We hope you will consider our request to keep the Library Page position in the school budget.

Very truly yours,

Waterbury Elementary School Library Media Specialists