

Trumbull Public Schools SCHOOL VOLUNTEER SECURITY CHECK

All individuals seeking to volunteer in the Trumbull Public Schools must register with the office at the school in which they wish to work. Volunteers must fill out and sign this form prior to beginning volunteering. The form must be completed annually.

No person whose name is listed on the Department of Children and Families (DCF) Child Abuse and Neglect Registry or who is registered as a sex offender under state or federal law may volunteer in any District school. Failure to provide complete or accurate information on this "School Volunteer Security Check" form will disqualify an individual from volunteering in any District school.

A volunteer is defined as an individual, other than an employee, who works with the students at any of the Trumbull Public Schools.

- A volunteer shall be considered a "Tier I" volunteer if the individual will be engaging in activities in the presence of a Trumbull Public School employee. Tier I volunteers are those who engage in the following activities: assisting in a classroom, cafeteria, or library when a staff member is present, accompanying a class on a field trip during the school day with a teacher, helping in the school office during regular school hours, assisting in the cafeteria or library during regular school hours, and extra-curricular events, i.e., dances, fairs, open houses, etc.
- A volunteer shall be considered a 'Tier II" volunteer if the individual will be providing services to students when not in the direct presence of a Trumbull Public School employee. Tier II volunteers are those who engage in the following activities: chaperoning a field trip when students will be divided into small groups supervised solely by the volunteer chaperone, chaperoning an overnight field trip, working directly with students without the direct presence of a Trumbull Public School employee, coaching.

For further information, please consult Trumbull Public Schools Policy 1212.1, "Volunteers."

Required of All Potential Volunteers									
w.									
ck of the Department of e. (Please complete the									
tional criminal history									

Connecticut Department of Children and Families AUTHORIZATION FOR DCF CPS BACKGROUND CHECK (Central Registry Only) DCF-3031

7/2022 (Rev.)



Page 1 of 1

I, (Applicant Name):do hereby authorize the Department of Children and Families to research its records and if applicable request out of state checks, to determine whether or not I am on the central registry of persons responsible for child abuse and neglect. I understand that this information may be used to determine my suitability for (check one):															
☐ Employment ☐ Day Care ☐ Volunteer ☐ Intern ☐ Mentor ☐ Other															
I release the Department of Children and Families from any liability for any damages I may incur because of the release/use of this information.															
	Name of Agency (requesting background check) Attention:														
Trumbull Board of Ed		Volunteer Coordinator													
Address: (No. and Street):					City: Stat						Zip				
6254 Main Street			. ,	. Cl :I	Trumbull CT						06	5611			
I submit the following informat Applicant Last Name:	Children and Families in their search. Middle: DOB:														
Applicant Last Hame.	Applicant Last Name: Applicant Fir				Trist Name.										
Applicant Address: (No. and Street):		Apt.#	City:			State:		Zip:			Start date at current address: (mm/dd/yyyy)				
List all previous applicant addr	resses for the	△ last f	ive vears				☐ Che	ck if an	addition	nal sheet	t is necessa	rv and	1 attached		
Address (No. and Street):	C33C3 101 01.5	5 1650 11	,	Apt.#	<u> </u>	City:		Check if an addition		Zip:		Dates From:			
,				·					+		(mm/d	d/yyyy)	(mm/dd/yyyy)		
									\perp						
				I											
									+						
Other names I have used (inclu	ıding preferr	red nar	nes, maide	n, and p	previous marr	iages)	☐ Che	ck if an	addition	nal sheet	t is necessa	ry, and	l attached		
Last Name: First I				rst Name:				Middle Name:							
			1												
			+												
							_								
Names of ALL children - biological/step (Including adult children in or out of the home)							☐ Che	ck if an	additior	nal sheet	t is necessa	ry, and	l attached		
Last Name:	First Name:			Mic	ddle:		DOB:		Gend	ler:					
									□ Fe	male	☐ Male		Other		
									□ Fe	male	☐ Male		Other		
							□F			male	☐ Male		Other		
This authorization will expire 18	80 days afte	r the d	ate of the	signatur	re										
Applicant Signature:										Date:					
Submit at https://portal.dcf.c t.gov/Portal/Main/#dashboard															
To enroll your agency in the portal, please contact bgc.verification@ct.gov.															

For questions or support, please contact the Background Check Unit at bgc.verification@ct.gov.