



Manchester Public Schools

Kennedy Education Center
45 North School Street
Manchester, CT 06042

www.mpspride.org

Dear Volunteer/Chaperone:

In order to ensure the safest possible environment for students, Manchester Public Schools will perform a background check of all persons wishing to volunteer and/or chaperone our students.

Attached are the Volunteer/Chaperone and Waiver Liability Forms, Volunteer/Chaperone Guidelines Form and Authorization for Release of Information for DCF/CPS Search Form. Upon completion, **please submit to the building Principal/Secretary.**

Should you have any questions about the form or the process, please feel free to contact Human Resources at 860-647-3440.

Sincerely,

Human Resources



SCHOOL _____

MANCHESTER PUBLIC SCHOOLS
VOLUNTEER / CHAPERONE FORM AND WAIVER OF LIABILITY

Every question must be answered accurately in order for application to be considered complete.

Please provide the following information: Date of Birth: _____

First Name Last Name Maiden Name

Address with City, State, Zip Code

Telephone / Driver's License Number / State of Issue

Copy of photo ID (required with application).

1. Have you ever been required to register with a state or federal sex offender registry?

YES NO

2. Have you ever been convicted of a crime (excluding motor vehicle violations or infractions)?

YES NO

3. Do you have any criminal charges pending?

YES NO

4. If you answered YES, list all offenses.

Offense(s): _____

Date(s): _____

Place(s): _____

You are required to promptly inform the school district of any changes to these responses.

This application is for: **VOLUNTEER** AND/OR **CHAPERONE**

At which school(s) have you previously been a school Volunteer/Chaperone? _____

Year(s) _____

Are you a parent/guardian of any child attending Manchester Public Schools? YES NO

Name and Grade of Children: _____

EMERGENCY INFORMATION FOR VOLUNTEER/CHAPERONE:

Emergency Adult Contact: _____ Phone Number: _____

Address: _____

Physician/Hospital: _____ Phone Number: _____

MANCHESTER PUBLIC SCHOOLS

VOLUNTEER / CHAPERONE FORM AND WAIVER OF LIABILITY (continued)

Waiver of Liability*

Manchester Public Schools provide general liability coverage to non-district personnel serving as volunteers under the direction of the school district. Connecticut General Statutes #10-235 provides that the district must indemnify and hold harmless volunteers from civil liability in most situations as long as the volunteer is approved by the Board of Education to carry out a duty prescribed by the Board of Education and performs services under the direction of a certified teacher. Willful and/or malicious conduct on the part of the volunteer may not be covered by the district's general liability insurance, and is not covered under Connecticut General Statute #10-235. Volunteers are also not extended medical, dental, disability, workers compensation or other benefits extended to district employees.

*For the purpose of these documents, the definition of Chaperones and Volunteers are synonymous.

By your signature below:

1. You acknowledge that Manchester Public Schools does not provide insurance coverage for the volunteer for any loss, injuries, illness, or death to him/her resulting from the volunteer's unpaid service to Manchester Public Schools.
2. You agree to assume all risk for death or any loss, injury, illness or damage of any nature or kind to the volunteer, arising out of the volunteer's supervised or unsupervised service to Manchester Public Schools, agree to waive any and all claims against Manchester Public Schools, or its officers, Board of Education Members, employees, agents, or assigns, for loss to volunteer due to death, injury, illness or damage of any kind arising out of the volunteer's supervised or unsupervised service to Manchester Public Schools.
3. You consent to a criminal background investigation. The background investigation may be repeated at the discretion of Manchester Public Schools, unless you remove your name from the list of Volunteers/Chaperones.
4. As a chaperone/volunteer for Manchester Public Schools, I agree to act within the scope of the duties assigned by the area supervisor. Furthermore, I hereby certify that there are no willful misrepresentations or falsification of the statements or answers to questions in this registration application. I am aware that should investigation of this registration disclose such misrepresentation or falsification that would in any way endanger children or inhibit the mission of Manchester Public Schools, the authorization to chaperone/volunteer in the school system would be withdrawn immediately.

Date: _____ Print Name of Chaperone/Volunteer: _____

Signature of Chaperone / Volunteer: _____



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GUIDELINES for CHAPERONES and VOLUNTEERS

Thank you for agreeing to serve as a chaperone and/or volunteer for Manchester Public Schools.

As a chaperone/volunteer, you serve as a role model and help students learn. Please review these guidelines carefully, sign and date this form, then **return** it to the **School Principal/Secretary** as soon as possible but no later than 2 weeks before the event or anticipated start date. Once again, thank you for your assistance.

1. Chaperones/Volunteers are required to remain with their assigned group at all times, until chaperoning/volunteering duties are finished.
2. Chaperones/Volunteers agree to continuously monitor their student or group's activities.
3. Chaperones/Volunteers will not use any alcohol or tobacco products during the time as a chaperone/volunteer.
4. Chaperones/Volunteers will refrain from using profane or inappropriate language during the time as a chaperone/volunteer.
5. Chaperones/Volunteers are NEVER to touch a child unless the child is presenting an immediate threat to the health or safety of themselves or others.
6. Chaperones/Volunteers are not to administer medications to students.
7. Chaperones/Volunteers are not allowed to have any non-student siblings or other children accompanying them without permission of the building principal.
8. Chaperones/Volunteers will report any safety or health concerns to a teacher immediately.

I have read the above guidelines and agree to abide by them.

PRINT NAME: _____ **SIGNATURE:** _____

DATE: _____

HOME PHONE: _____ **CELL PHONE:** _____

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

DCF-3031
 7/2022 (Rev.)



I, (*Applicant Name*): _____ do hereby authorize the Department of Children and Families to research its records and if applicable request out of state checks, to determine whether or not I am on the central registry of persons responsible for child abuse and neglect. I understand that this information may be used to determine my suitability 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:		
Address: (No. and Street):		City:	State:	Zip:

I submit the following information to assist the Department of Children and Families in their search.

Applicant Last Name:		Applicant First Name:		Middle:		DOB:	
Applicant Address: (No. and Street):		Apt. #	City:		State:	Zip:	Start date at current address: (mm/dd/yyyy)

List all previous applicant addresses for the last five years Check if an additional sheet is necessary, and attached

Address (No. and Street):	Apt. #	City:	State:	Zip:	Dates From: (mm/dd/yyyy)	To (mm/dd/yyyy)

Other names I have used (including preferred names, maiden, and previous marriages) Check if an additional sheet is necessary, and attached

Last Name:		First Name:		Middle Name:	

Names of ALL children - biological/step (Including adult children in or out of the home) Check if an additional sheet is necessary, and attached

Last Name:	First Name:	Middle:	DOB:	Gender:
				<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other
				<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other
				<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other

This authorization will expire 180 days after the date of the signature

Applicant Signature:	Date:

Submit at <https://portal.dcf.ct.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.