

530 Main Street | P. O. Box 315 | New Hartford | Connecticut 06057 | Phone: 860-379-8546 | Fax: 860-738-1766 |

Please allow up to 5 days for processing. Please print clearly in ink:

Name: _____

Last	First	Middle	Telephone
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Address: _____

Street	City	Zip Code
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Emergency adult contact: _____ Phone: _____

What is your connection to our school?

Group I Volunteer School Office Staff will check sex offender registry.

Are you a sex offender? ☐ Yes ☐ No

Have you ever been convicted of a felony? ☐ Yes ☐ No

If you answered YES, list all offenses

Offense(s):

Date(s):

Place(s):

By your signature below you are providing accurate and complete information. Your signature also authorizes the New Hartford Board of Education to annually check the sex offender registry.

Date: _____ Signature of Volunteer: _____

Printed Name of Volunteer: _____

Reviewed by Principal/Designee: _____
Signature Date

By your signature below:

1. You acknowledge that the School District does not provide insurance coverage for the volunteer for any loss, injuries, illness, or death resulting from the volunteer's unpaid service to the School District.
2. You agree to assume all risk for death or any loss, injury, illness or damage of any nature or kind, arising out of the volunteer's supervised or unsupervised service to the School District, agree to waive any and all claims against the New Hartford School District, or its officers, Board Members, employees, agents or assigns, for loss due to death, injury, illness or damage of any kind arising out of the volunteer's supervised or unsupervised service to the New Hartford School District.

Date: _____ Signature of Volunteer: _____

Printed Name of Volunteer: _____

For School Use Only

General description of assignment(s):

volunteering within a classroom during a regularly scheduled activity

assisting at the main office

other (Principal's discretion) _____

Sex offender registry checked by _____ on _____
(mandatory).

Reviewed by Principal/Designee:

Signature

Date