

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

Please allow up to 30 days for processing. Please print clearly in ink:

Name: _____

Last	First	Middle	Telephone
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Address: _____
Street City Zip Code

Emergency adult contact: _____ Phone: _____

What is your connection to our school?

Criminal Conviction Information

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):

Do you give consent to a criminal background investigation? ☐ Yes ☐ No

Do you give consent to an annual DCF Abuse & Neglect Registry investigation? ☐ Yes ☐ No

By your signature below you are providing accurate and complete information.

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 and Central Office Use Only

General description of assignment(s):

supervising students as needed by a teacher

other (Principal's discretion) _____

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

Criminal background checked by _____ on _____ (mandatory).

If "yes," and provided the individual authorized the check,

the date on which the check was requested?

the date on which it was received and reviewed.

Reviewed by
(Superintendent/Designee) _____

Signature

_____ Date