



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

Student Name(s): _____

Name: _____

Home Address: _____

Date of Birth: _____

Home Phone Number: _____ Cell Phone Number: _____

E-mail address: _____

School(s) at Which You Seek to Volunteer: _____

☐ I hereby confirm that I am not registered as a sex offender under state or federal law.

Signature: _____ Date: _____

Required of All Potential Tier II Volunteers

☐ I hereby give permission for the Trumbull Public Schools to complete a record check of the Department of Children and Families (DCF) Child Abuse and Neglect Registry in reference to me. (Please complete the second page of this form as well.)

☐ I hereby give permission for the Trumbull Public Schools to complete state and national criminal history records checks in reference to me.

Signature: _____ Date: _____

NOTE: Tier II Volunteer Applicants **Must** Complete the Reverse of this Form - "*DCF Authorization for DCF CPS Background*"

Please submit all paperwork to the appropriate school secretary for processing by the TPS Volunteer Office.

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) Trumbull Board of Education		Attention: Volunteer Coordinator	
Address: (No. and Street): 6254 Main Street	City: Trumbull	State: CT	Zip: 06611

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:
				☐ Female ☐ Male ☐ Other
				☐ Female ☐ Male ☐ Other
				☐ Female ☐ Male ☐ 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.