

**Trumbull Public Schools**  
**SCHOOL VOLUNTEER SECURITY CHECK**

All individuals seeking to volunteer in the Trumbull Public Schools must fill out and sign this "School Volunteer Security Check" 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 schools. 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 working with students for a one-time specific event held within the regular school day and the regular school year. Examples include, but are not limited to: a one-time guest speaker in a classroom; a chaperone of a field trip held during the regular school day and the regular school year; a reader participating in the District Read-Aloud Day; etc.
- A volunteer shall be considered a "Tier II" volunteer if the individual will be working with students (a) for more than a one-time specific event; or (b) for a one-time specific event held outside of the regular school day and the regular school year. Examples include, but are not limited to: a parent/guardian who assists the classroom teacher during student learning centers on a monthly basis; a chaperone of an overnight field trip; etc.

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

**Part I: Required of All Potential Volunteers**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

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.
- 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 reverse of this form as well.)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Part II: Required of All Potential Tier II Volunteers (see definitions above)**

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Completed forms should be submitted to the appropriate school secretary for processing by the TPS Human Resources Office. The reverse of this form – "DCF Authorization for Release of Information for DCF CPS Search" – must also be completed.*

I, _____ do hereby authorize the Department of Children and Families to research <i>Applicant Name</i>						
its records 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 solely for <i>(check one)</i> :						
<input type="checkbox"/> Employment <input type="checkbox"/> Day Care <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern <input type="checkbox"/> Mentor <input type="checkbox"/> Other:						
Name of Agency: <b>Trumbull Board of Education</b>				Attention: <b>Human Resources</b>		
Address: (No. and Street): <b>6254 Main Street</b>		Apartment #	City: <b>Trumbull</b>		State: <b>CT</b>	Zip: <b>06611</b>
I release the Department of Children and Families from any liability for any damages I may incur which may result from the release / use of this information. I submit my following information to assist the Department. of Children and Families in their search.						
Last Name		First Name:		Middle:	DOB:	SS:
Address: (No. and Street):		Apartment #:	City:	State:	Zip:	Years at current address?: Years      Months
Previous Address(es)/List All for the Last Five Years <i>(continue on reverse side of form if necessary)</i>						<input type="checkbox"/> Check if reverse side used
Address: (No. and Street):		Apartment #:	City:	State:	Zip:	Dates From: (Month/Year)      Dates To: (Month/Year)
Other Names I have Used – <i>Including Maiden, Previous Marriages(s) (continue on reverse side of form if necessary)</i>						<input type="checkbox"/> Check if reverse side used
Last Name		First Name:		Middle:	DOB:	SS:
Name of Spouses/Other Adults in the Home – <i>Past and Present (continue on reverse side of form if necessary)</i>						<input type="checkbox"/> Check if reverse side used
Last Name		First Name:		Middle:	DOB:	Signature (if still in Home)      Date:
Names of ALL Child(ren) – <i>Biological, Stepchildren Including Adult Children In or Out of the Home</i>						<input type="checkbox"/> Check if reverse side used
Last Name		First Name:		Middle:	DOB:	Gender:
Do you have an active DCF investigation at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No      Do you have an active appeal of a DCF investigation at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Applicant Signature:					Date:	
THIS AUTHORIZATION WILL EXPIRE 180 DAYS AFTER THE DATE OF THE SIGNATURE. FORMS NOT FILLED OUT COMPLETELY AND / OR CLEARLY WILL BE RETURNED. DO NOT LEAVE ANY BLANK SPACES. PLEASE SPECIFY WITH N/A IF NOT APPLICABLE. ****DCF Conducts a Search of the CT Registry ONLY*** The Accuracy of this Search is Limited to the Information Provided by the Applicant to DCF						
<b>Mail to: DCF Careline Background Searches – 505 Hudson Street – 5<sup>th</sup> Floor – Hartford, CT 06106 or FAX: 860-560-7071</b> <i>DCF-CT Careline CPS-BGC USE ONLY - DO NOT WRITE BELOW THIS LINE</i>						
Date:		Central Registry?: <input type="checkbox"/> Yes <input type="checkbox"/> No			Processors Initials:	