



2017-2018 Volunteer/ Chaperone Application



Please return completed form to any of the Colchester Schools, Board of Education office, or email to Dawn Shea at dshea@colchesterct.org If you have any questions, please call (860) 537-7267. Thank you for taking the time to volunteer!

Full Name: _____
First MI Last

Date of Birth: _____
(needed for background check) mm/dd/yyyy

Address : _____
Street Number Street Apt. #

City State Zip

Mailing Address/P.O. Box : _____
(if different from residence)

Home Phone: _____ **Cell Phone:** _____ **Work Phone:** _____ **Ext.** _____

E-mail Address: _____ @ _____ . _____

Person to contact in case of emergency: Name: _____ **Relationship:** _____

Home Phone: _____ **Cell Phone:** _____ **Work Phone:** _____ **Ext.** _____

Have you ever been convicted of a crime? NO YES; Explain _____

VOLUNTEER/CHAPERONE ACKNOWLEDGMENT

I, the undersigned volunteer, desire to volunteer for the Collaborative for Colchester's Children (C3); Colchester School District (the "District") or the Town of Colchester (the "Town") in the following capacity (brief description of volunteer activity):

I further acknowledge and agree as follows:

1. I understand that as a volunteer/chaperone, I may NOT publish photographs or take videos of any student/s.
2. I understand that I may NOT share information about students, except with appropriate school personnel.
3. I understand that no volunteer is to be alone with a child at any time;
4. I am donating my time and services without any compensation and shall at no time be considered an employee or independent contractor of the for Colchester's Children (C3); School District (the "District") or the Town of Colchester;
5. I know of no reason, medical or otherwise, that would prevent me from performing the tasks required to participate in this volunteer activity;
6. Subject to the indemnifications described under Connecticut law (CGS 10-235, et.al), I assume all risks of participating in this volunteer activity and full responsibility for my conduct and actions, including any injury to myself or others or damage to property that may result while volunteering; and
7. I hereby agree to release, hold harmless and indemnify the Town of Colchester, the Colchester School District, and the Collaborative for Colchester's Children from and against any and all loss, damage, expense or cost (including attorney fees) of any kind for injuries (including property damage, personal injury, disability and death) arising out of my participation in this volunteer activity.
8. I have carefully read this acknowledgment and understand and agree with all of the terms and conditions.

Signature of Applicant

Date

1. Do you currently have children attending the Colchester Public Schools? YES NO

If yes, please circle the school(s): **CES** **JJIS** **WJJMS** **BA** Other: _____

Teacher/s Name: _____ Grade/s: _____

Teacher/s Name: _____ Grade/s: _____

Teacher/s Name: _____ Grade/s: _____

Teacher/s Name: _____ Grade/s: _____

2. Areas of interest that you would like to use or share?

- | | | |
|---|--|--|
| <input type="checkbox"/> Chaperone | <input type="checkbox"/> General Office | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Create flyers, brochures | <input type="checkbox"/> Reading to Children | <input type="checkbox"/> Other; Please specify |
| <input type="checkbox"/> Event Planning | <input type="checkbox"/> Summer School | _____ |
| <input type="checkbox"/> Field Trips | <input type="checkbox"/> Student Teaching | _____ |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Technology | _____ |
| <input type="checkbox"/> General Classroom | <input type="checkbox"/> Tutoring/Mentoring | _____ |

3. Day(s) available to volunteer?

Monday Tuesday Wednesday Thursday Friday

4. What time of day are you available to volunteer?

[01] Mornings [02] Afternoons [03] Evenings

5. Grades you prefer to work? _____

Thank you for volunteering!