



2018-2019 Volunteer/Chaperone

Admin
Initials:



Please return completed form to the school you are planning to volunteer. We appreciate you taking the time to volunteer!
If you have any questions, please contact Dawn Shea at (860) 537-7267 or dshea@colchesterct.org.

Full Name: _____ *Date of Birth: _____
For background check - mm/dd/yyyy
* only needed for **Group II** volunteers

First MI Last

Address : _____
Street Number Street Apt. # City/town state zip

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

Classifications of Volunteers (Please check one):

Group I: Volunteers that assist school staff members with school activities in the presence of a Colchester Public Schools employee. Background checks are not required for Group I volunteers.

Group I volunteers are those who assist school staff members with school activities such as those listed below:

- a. assisting in a classroom, cafeteria, or library when a staff member is present; or
- b. accompanying a class on a field trip during the school day with a staff member; or
- c. helping in the school office during regular school hours; or
- d. assisting in the cafeteria or library during regular school hours; or
- e. assisting during extracurricular events, i.e., dances, fairs, open house, sporting events, etc.

Group II: Volunteers will be classified in Group II when they provide services to students when not in the direct presence of a Colchester Public Schools employee. Volunteers are required to complete a consent form regarding the release of information concerning any prior or pending criminal offenses, and such volunteers will be required to submit to a record check of the Department of Children and Families (DCF) Abuse and Neglect Registry. Group II volunteers will incur a cost of \$85.75 for the fingerprinting and criminal background checks. The fee has to be paid in two separate money orders (no personal checks and no cash). Both money orders are made payable to Treasurer - State of CT; one in the amount of \$75.00 and the second in the amount of \$10.75.

Group II volunteers are those who engage in activities such as those listed below:

- a. accompanying a class on a field trip in which the plans include that students be divided into small groups supervised solely by the volunteer chaperone for any length of time; or
- b. chaperoning an overnight field trip; or
- c. working in direct contact with students without the direct presence of a Colchester Public Schools employee;
- d. working as a student intern; or
- e. coaching



VOLUNTEER/CHAPERONE ACKNOWLEDGMENT

I, the undersigned volunteer, desire to volunteer for the Collaborative for Colchester's Children (C3); Colchester School District (the "District") 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 Group I volunteers are not 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") I know of no reason, medical or otherwise, that would prevent me from performing the tasks required to participate in this volunteer activity
5. 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
6. 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
7. 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:** _____

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

- | | | |
|--|---|--|
| <input type="checkbox"/> Chaperone | <input type="checkbox"/> Student Teaching | <input type="checkbox"/> Other; Please specify |
| <input type="checkbox"/> Field Trips | <input type="checkbox"/> Technology | _____ |
| <input type="checkbox"/> General Classroom | <input type="checkbox"/> Tutoring/Mentoring | _____ |
| <input type="checkbox"/> General Office | <input type="checkbox"/> Summer School | _____ |
| <input type="checkbox"/> Reading to Children | <input type="checkbox"/> After school Clubs | _____ |

3. Day(s) available to volunteer?

Monday Tuesday Wednesday Thursday Friday Any

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

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

Note: Only one form is needed to volunteer/chaperone in all our schools. A new form is NOT necessary every year, unless your contact information has changed.

Thank you for volunteering!