

BOLTON PUBLIC SCHOOLS

VOLUNTEER BACKGROUND NOTIFICATION

In recognition of the benefit of having volunteers who provide services for our schools and students, the district supports the involvement of these individuals in accordance with suitable regulations and safeguards.

Volunteers are held to the same standards of conduct as school staff and must observe all Board of Education policies, including applicable policies on the confidentiality of student information.

In compliance with Bolton Board of Education Policy 1240, School Volunteers, School Interns and Other Non-Employees and Regulation 1450A, Sex Offenders on School Property, all volunteers are required to submit to a background check of the Connecticut Department of Public Safety Sex Offender Registry and the Connecticut DCF Agency and may also be required to submit to state and federal criminal record background checks. No person who is required to register as a sex offender under state or federal law, or whose name is currently listed on the DCF registry, may volunteer in the Bolton school district.

The required forms are included with this notice.

Name of volunteer: _____

Street Address: _____

City/Town: _____ State: _____ Zip Code: _____

Phone: _____

My signature below certifies that I agree with the terms of this notification.

Signature _____ *Date*

Administrator Approval: _____
Signature _____ *Date*

Volunteers will be staff supervised _____ Volunteers will **NOT** be staff supervised _____

Bolton Public Schools

Authorization for National Sex Offender Public Registry Check

I hereby authorize the Bolton Public School district to conduct a sex offender registry check, using the information provided below, with the Connecticut Department of Public Safety Sex Offender Public Registry.

I acknowledge that in order to be employed by or volunteer in the Bolton Public School district, this sex offender registry check must be conducted in compliance with the Bolton Board Of Education Policy 1240, School Volunteers, Student Interns and Other Non-Employees and Regulation 1450A, Sexual Offenders on School Property.

I understand that the information obtained during the sex offender registry check will be used solely for the purpose of determining my eligibility to be present in the Bolton schools and will remain confidential.

Signature Date

First Name _____

Last Name _____

Street Address _____

City/Town _____

State _____ Zip Code _____

Date of Birth _____



Authorization for Release of Information for DCF CPS Search

DCF-3031
12/12 (Revised)

I, _____ do hereby authorize the Department of Children and Families to research

(Type Applicant Name)

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 (check one): Employment Day Care Volunteer Intern Mentor Other

By: Agency Name / Attention: Human Resources
Address/City / State / Agency: Bolton Board of Education
Zip Code Address: 72 Brandy Street
City: Bolton

State: CT Zip Code: 06043

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 Dept. of Children and Families in their search.

PLEASE TYPE OR PRINT LEGIBLY / LEAVE NO BLANK SPACES

Name: _____ Date of Birth: _____
Last, First Middle

Address: _____ Social Security #: _____
Street (No P.O. Boxes) Apartment No.

How Long at Current Address: _____ Yrs. Mos.

City State Zip Code

Previous Address(es)/List All for the Last Five Years (continue on reverse side of form if necessary) Check if reverse side used

Street (No P.O. Boxes)	Apt. #	City/Town	State	Zip Code	Dates	
					From (Month/Yr.)	To (Month/Yr.)

Other Names I have Used - Including Maiden, Previous Marriages(s) Check if reverse side used

Last	First	Middle

Name of Spouses/Other Adults in the Home - Past and Present Check if reverse side used

Last	First	Middle	D.O.B. Month/Day/Year	Signature/Date (If Still in the Home)

Names of ALL Child(ren) - Biological, Stepchildren Including Adult Children In or Out of the Home Check if reverse side used

Last	First	Middle	Gender	D.O.B. (Month/Day/Year)

Date: _____ Applicant Signature: _____

THIS AUTHORIZATION WILL EXPIRE 180 DAYS AFTER THE DATE OF THE SIGNATURE. FORMS NOT FILLED OUT COMPLETELY AND PRINTED 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

Mail to: DCF Careline Background Searches - 505 Hudson Street - 5th Floor - Hartford, CT 06106 or FAX: 860-560-7071
Email to DCF.Backgroundcheck@ct.gov

DCF-CT Careline CPS-BGC USE ONLY DO NOT WRITE BELOW THIS LINE

DATE: _____ Central Registry: YES ___ NO ___ Processor's Initials: _____



993 FARMINGTON AVE.
SUITE 210
WEST HARTFORD, CT 06107
PHONE (860) 236-0641
FAX (860) 231-9175

WAIVER STATEMENT

I, _____ authorize full disclosure of any and all records, concerning myself, to **Capitol City Credit Co., LLC** duly authorized agent of **Bolton Public Schools**, for the purpose of background screening.

I have reviewed this form, and fully understand the intent of this authorization, and I hereby give my permission to Capitol City Credit Co., LLC to obtain information relating to my criminal history, as received from reporting agencies, which includes all law enforcement records.

I fully understand and authorize the information provided by Capitol City Credit Co., LLC will be used to process my background screening and therefore, do not hold the agent, nor the company, liable in its use.

The information is received from fallible human sources, therefore, the accuracy of the information furnished by Capitol City Credit Co., LLC cannot be guaranteed.

A photocopy of this release will be valid as an original, even though, the said photocopy does not contain an original writing of my signature.

(Please Print Clearly)

Applicant's Name _____
 First Middle Last

Applicant's Phone _____

Birthdate _____ Social Security # _____

Address _____
 (Street) (City) (State) (Zip Code)

Applicant's Signature _____ Date _____