FAIRFIELD PUBLIC SCHOOLS
Fairfield, Connecticut
Volunteer/Resource Person Registration Form and Waiver of Liability

Only one form needs to be completed by a Volunteer/Resource Person each school year. Please print clearly in ink:

Registration Form

Name: _____ _____ _____ _____
Last *First* *Middle* *Telephone*

Address: _____ _____ _____
Street *City* *Zip Code*

E-mail address:_____ Driver's License:_____

Emergency adult contact: _____Phone _____
Are you now or have you ever been a school volunteer/resource person? _____
At which school? _____ Year? _____
The name of any child or ward attending this school: _____

Criminal Conviction Information

Are you a sex offender? _____
Have you ever been convicted of a felony? _____
If you answered YES, list all offenses
Offense(s):_____
Date(s):_____
Place(s):_____

If requested, are you willing to consent to a criminal background investigation? _____

Important Volunteer/Resource Person Policies and Guidelines

1. All Volunteers/Resource Persons must complete a new Volunteer/Resource Person application each year.
2. All Volunteers/Resource Persons must sign in at the school office before proceeding to their Volunteer/Resource Person assignment.
3. Volunteers/Resource Persons may not dispense either prescription or over the counter medications to students.
4. Volunteers/Resource Persons must respect a student's right to confidentiality including the following areas: standardized test scores, family background information, reports of serious behavior patterns and written teacher observations.

Date: _____ Signature of Volunteer/Resource Person: _____
Printed Name of Volunteer/Resource Person _____

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For School Use Only

"Sex offender list" checked by _____ on _____ (mandatory).

Is a criminal background check necessary (the individual will be working over a long period of time in direct contact with students where no staff member is continuously present or in other situations where a check would be prudent)? ___ Yes ___ No

If "yes," and provided the individual authorized the check,

- the date on which the check was requested? _____
- the date on which it was received and reviewed. _____

☐ Approved ☐ Not Approved

Reviewed by: _____
Signature Date