FAIRFIELD PUBLIC SCHOOLS Fairfield, Connecticut

Volunteer Information Form and Waiver of Liability

Only one form needs to be completed by a volunteer each school year. Please print clearly in ink:

Informatio	on Form				
	Last	First		Telephone	
Str.	eet			 Tode	
			City Zip Code Driver's License:		
L man ada		DIIV			
Emergency	adult contact:		Phone		
Are you no	w or have you ever	been a school volunteer	·?		
At which so				?	
The name of	of any child or ward	attending this school: _			
Criminal (Conviction Informa	ation			
Ara vou a a	voy offender?				
•	sex offender?	of a felony?			
•	vered YES, list all of	<u> </u>			
1) you answ	erea 125, iist ait 5,	jenses			
Offense(s):					
Date(s):					
Place(s):					
If requested	d, are you willing to	consent to a criminal b	ackground investi	gation?	
	Impo	rtant Volunteer Policie	es and Guidelines	3	
1. All	-	mplete a new volunteer			
2. All	volunteers must sig	n in at the school office	before proceeding	g to their volunteer	
	gnment.				
	unteers may not dis lents.	pense either prescription	n or over the coun	ter medications to	
				ding the following areas:	
	standardized test scores, family background information, reports of seriour behavior				
patt	erns and written tea	cher observations.			
Date:	S	Signature of Volunteer: _			
	 I	Printed Name of Volunt	eer		

***********	*******	**********
For School Use Only		
"Sex offender list" checked by Is a criminal background check necessary time in direct contact with students where situations where a check would be pruden	the individual will be no staff member is cor	0 1
If "yes," and provided the individual auth the date on which the check we the date on which it was received.	as requested?	
☐ Approved	□ Not A	Approved
Reviewed by:		
Signature		Date