

**FAIRFIELD PUBLIC SCHOOLS**  
**Fairfield, Connecticut**

**1212AR**  
**Form**

**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

10/1/2008