

Received
(Stamp)



VERNON PUBLIC SCHOOLS
30 Park Street
Vernon, CT 06066
(860) 870-6000 X124

For Office Use Only:	
Location:	_____
Interviewed On:	_____
Start:	_____
Apprv'd By:	_____/_____/_____
Supt. Apprv'd:	_____/_____/_____

VOLUNTEER/CHAPERONE REGISTRATION

NAME: _____
Last First Middle Initial

ADDRESS: _____

City State Zip

TELEPHONE NUMBER(S) _____

School _____ Date _____

Please check areas of interest:

- | | | | |
|----------------------------------|-----------------------------------|---|---|
| Reading <input type="checkbox"/> | Math <input type="checkbox"/> | Library <input type="checkbox"/> | Special Projects <input type="checkbox"/> |
| (Tutor) | (Tutor) | | (Your availability is limited) |
| Art <input type="checkbox"/> | Computer <input type="checkbox"/> | Music <input type="checkbox"/> | Classroom Helper <input type="checkbox"/> |
| Office <input type="checkbox"/> | Clerical <input type="checkbox"/> | Foreign Language <input type="checkbox"/> | Field Trip Chaperone <input type="checkbox"/> |
| Other _____ | | | |

Indicate your grade level preference _____

Indicate the time(s) you prefer:

Monday	Tuesday	Wednesday	Thursday	Friday
am ___pm ___	am ___pm ___	am ___pm ___	am ___pm ___	am ___pm ___

EDUCATIONAL PREPARATION (if tutoring):

Date Attended	High School/College	State	Diploma/Degree	Date Graduated

OTHER EXPERIENCE WORKING WITH CHILDREN:

Position	Location	From (Mo/Yr)	To (Mo/Yr)

REFERENCES: Please list the names of these references with their address and phone number.

- _____
- _____
- _____

VOLUNTEER/CHAPERONE REGISTRATION - Page 2

Do you have a medical condition that would restrict or limit your ability to function as a volunteer or as a chaperone? Yes No

Person to be notified in case of emergency:

Name _____ Daytime Phone _____

Address _____

Connecticut's Public Act 93-328 --An Act Concerning Applicants for School Employee Position

The Vernon Public School System has the responsibility to comply with Federal and State mandated regulations. For the **safety of our children**, we ask your cooperation in completing the following to help us meet the requirements pursuant to Connecticut General Statutes, even though you are not actually an employee.

1. Were you ever known by any **other name**? If yes, please list the name(s) below.
 Yes No _____

2. Have you ever been convicted of a crime, either within or outside of Connecticut?
 Yes No If yes, identify the approximate date, location and nature of each such conviction on a separate sheet of paper and attach to this form.

3. Are any criminal charges currently **pending** against you either within or outside the State of Connecticut?
 Yes No If yes, identify the jurisdiction in which such charges are pending, the nature of the charges and an explanation on a separate sheet of paper and attach it to this form.

AGREEMENT

As a volunteer for the Vernon Board of Education, I agree to act within the scope of the duties assigned by the area supervisor.

Furthermore, I hereby certify that there are no willful misrepresentations or falsifications of the statements and answers to questions in this registration application. I am aware that should investigation of this registration disclose such misrepresentation or falsification that would in any way endanger children or inhibit the mission of the Vernon Public Schools, the authorization to volunteer in the school system would be withdrawn immediately.

Date

Volunteer's Signature

For Office Use Only:

Administrator's Approval: _____ Date: _____

Date of Interview: _____ Proposed Starting Date: _____

Assignment: _____

Superintendent's Approval: _____ Date: _____

Return to: Superintendent of Schools

NOTE: The Central Office keeps the original on file.

Copies go to the volunteer and the supervisor of the area served.