



PUTNAM PUBLIC SCHOOLS
Putnam, 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:

Information Form

Name: _____
Last First Middle Telephone

Address: _____
Street City Zip Code

Personal physician: _____ Phone _____

Emergency adult contact: _____ Phone _____

Are you now or have you ever been a school volunteer? _____
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? _____

Waiver of Liability

The School District does not provide liability insurance coverage to non-district personnel serving as volunteers for the School District. The purpose of this waiver is to provide notice to prospective volunteers that they do not have insurance coverage by the School District and to document the volunteer's acknowledgment that they are providing volunteer service at their own risk. However, C.G.S. 10-235 provides that the district must indemnify and hold harmless volunteers from civil liability in most situations as long as the volunteer is approved by the Board of Education to carry out a duty prescribed by the Board and performs services under the direction of a certified teacher. Therefore the district must pay any damages awarded to a plaintiff in an action brought alleging negligence or other act resulting in injury, including infringement of that person's civil rights.

Volunteer Information Form and Waiver of Liability

Waiver of Liability (continued)

By your signature below:

1. You acknowledge that the School District does not provide insurance coverage for the volunteer for any loss, injuries, illness, or death resulting from the volunteer's unpaid service to the School District.
2. You agree to assume all risk for death or any loss, injury, illness or damage of any nature or kind, arising out of the volunteer's supervised or unsupervised service to the School District agree to waive any and all claims against the School District, or its officers, Board Members, employees, agents or assigns, for loss due to death, injury, illness or damage of any kind arising out of the volunteer's supervised or unsupervised service to the School District.

Date: _____ Signature of Volunteer: _____
Printed Name of Volunteer _____

For School Use Only

General description of assignment(s):

- supervising students as needed by a teacher
 - supervising students during a regularly scheduled activity
 - assisting with academic programs
 - assisting at the resource center or main office
- other _____

Name of supervising staff member: _____
"Sex offender list" checked by _____ on _____ (mandatory).

Is a criminal background check necessity (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)? *(to be answered by Principal)*

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. _____

Reviewed by: _____
Signature Date

Connecticut Department of Children and Families
AUTHORIZATION FOR DCF CPS BACKGROUND CHECK (Central Registry Only)

DCF-3031
 7/2022 (Rev.)



I, (*Applicant Name*): _____ do hereby authorize the Department of Children and Families to research its records and if applicable request out of state checks, 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 for (check one):
 Employment Day Care Volunteer Intern Mentor Other

I release the Department of Children and Families from any liability for any damages I may incur because of the release/use of this information.

Name of Agency (requesting background check)	Attention:		
Address: (No. and Street):	City:	State:	Zip:

I submit the following information to assist the Department of Children and Families in their search.

Applicant Last Name:	Applicant First Name:	Middle:	DOB:
Applicant Address: (No. and Street):	Apt. #	City:	State:
			Zip:
Start date at current address: (mm/dd/yyyy)			

List all previous applicant addresses for the last five years Check if an additional sheet is necessary, and attached

Address (No. and Street):	Apt. #	City:	State:	Zip:	Dates From: (mm/dd/yyyy)	To (mm/dd/yyyy)

Other names I have used (including preferred names, maiden, and previous marriages) Check if an additional sheet is necessary, and attached

Last Name:	First Name:	Middle Name:

Names of ALL children - biological/step (Including adult children in or out of the home) Check if an additional sheet is necessary, and attached

Last Name:	First Name:	Middle:	DOB:	Gender:
				<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other
				<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other
				<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other

This authorization will expire 180 days after the date of the signature

Applicant Signature:	Date:

Submit at <https://portal.dcf.ct.gov/Portal/Main/#dashboard>. To enroll your agency in the portal, please contact bgc.verification@ct.gov.

For questions or support, please contact the Background Check Unit at bgc.verification@ct.gov.

Instructions for Fingerprinting

STEP 1: PRE-REGISTRATION

Please go to the following link:

<https://ct.flexcheck.us.idemia.io/CCHRSPreEnroll/> to “pre-register” for the fingerprinting. Once you enter the website you will need to enter the following code: **096B-3C5F**. You will be asked to pay a fee with a debit or credit card during the pre-registration. After completing the pre-enrollment steps, a confirmation screen will appear confirming the registration including your Applicant Tracking Number.

*****This Applicant Tracking Number MUST be printed and brought with you to your fingerprinting appointment.**

Remember To Print Out Bar Code

STEP 2: FINGERPRINTING

OPTION 1: FINGERPRINTING AT THE STATE POLICE:

Bring the barcode/tracker sheet that you received from the pre-registration, an I.D., and a check/money order for \$15.00 to the State Police barracks. **THEY DO NOT ACCEPT CASH!** The times to go to the **State Police** are 7:00 am, 3:00 pm and 11:00 pm. Please plan to do this at your earliest convenience.

OPTION 2: FINGERPRINTING AT THE PUTNAM POLICE DEPARTMENT

1) Pre-enroll in the CCHRS system (see STEP 1 above)

2) **Schedule a fingerprint appointment**

Using the [online appointment booking](#), select a time/date for your fingerprint appointment.

****ALL FINGERPRINTING SERVICES ARE BY APPOINTMENT ONLY****

There will be a **\$25.00 charge per card** for non-residents of the Special Services District of Putnam, CT. Cash payment is preferred, exact change please. Checks may be made payable to: “Special Services District”. Retakes of obscured or otherwise rejected prints will be free.

APPOINTMENT REQUIREMENTS

- **Must** have positive ID
- **Must** wear a face mask
- Will be required to have their temperature taken by a touchless, Infrared thermometer. If an elevated temperature of 100.5 or higher is detected, fingerprints will not be taken at that time and the appointment will be rescheduled

3) Department Submission

The Putnam Police Department will submit your fingerprint card with applicant tracking number attached to the CT State Police (SPBI) to complete your background check.

Requesting Entity: _____

FBI Privacy Act Statement

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

As of 03/30/2018

Note: This privacy act statement is located on the back of the FD-258 fingerprint card.

SIGNATURE	DATE
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This document must be retained by the Entity.

Noncriminal Justice Applicant's Privacy Rights

Requesting Entity: _____

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. **All notices must be provided to you in writing.**¹ These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulations (CFR), 50.12, among other authorities.

- You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later), by the agency that will receive your criminal history results, when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared, or retained.²
- You must be advised in writing of the procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at 28 CFR 16.34.
- You must be provided the opportunity to complete or challenge the accuracy of the information in your FBI criminal history record (if you have such a record).
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the FBI criminal history record.
- If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks> and <https://www.edo.cjis.gov>.
- If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.edo.cjis.gov>. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)
- You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.³

Updated 11/6/2019

If you need additional information or assistance, please contact:

<p>Connecticut Records: Department of Emergency Services and Public Protection State Police Bureau of Identification (SPBI) 1111 Country Club Road Middletown, CT 06457 860-685-8480</p>	<p>Out-of-State Records: Agency of Record OR FBI CJIS Division-Summary Request 1000 Custer Hollow Road Clarksburg, West Virginia 26306</p>
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SIGNATURE	DATE
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This document must be retained by the Entity.

¹ Written notification includes electronic notification, but excludes oral notification.

² See <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

³ See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).

Putnam Board of Education

Policies 2022/2023

The following policies are located on the Putnam website, www.putnam.k12.ct.us under the Board of Education Tab/Policies. By signing this form, you acknowledge that you have and understand the following policies, procedures and protocols.

Series 1000 Community Relations

- 1114 District-Sponsored Social Media
- 1161 School Safety Officers

Series 4000 Personnel-Certified and Non Certified

- 4112 Appointment and Resignation
- 4118.11 Nondiscrimination
- 4118.112 Sexual and Other Forms of Harassment
- 4118.13 Conflict of Interest
- 4118.231 Dress Code
- 4118.232 Alcohol, Drugs and Tobacco
- 4118.233 Weapons and Dangerous Instruments
- 4118.234 Psychotropic Drug Use
- 4118.24 Staff Student Non-Fraternization
- 4118.4 Electronic Mail
- 4118.5 Acceptable Use of Computers Network
- 4118.51 Social Media
- 4118.6 Cell Phone Use
- 4131 Staff Development (**Certified Staff Only**)
- 4138 Non-School Employment
- 4152 Personal Leaves

Series 5000 Students

- 5114 Suspension/Expulsion Due Process
- 5131.6 Alcohol, Drugs and Tobacco Use
- 5131.911 Bullying
- 5144.1 Physical Force
- 5145 Civil & Legal Rights and Responsibilities
- 5145.511 Exploitation: Sexual Harassment

Please sign and return this form to your building administrator or department head within one week of receiving this form.

Please Print Name

Department/School

Signature

Date