

Colchester School District
Volunteer Registration Form

PLEASE PRINT CLEARLY

GENERAL INFORMATION			
Legal Name (First, MI, Last):	E-mail Address:	School Year: 2018-2019	
Alternative First Name(s) (e.g., previous names, nicknames):		Alternative Last Name(s) (e.g., maiden name):	
Address (Street, City, State, Zip):			Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
Home Phone:	Cell Phone:	Work Phone:	Date of Birth (mm/dd/yyyy):
Place of Birth (City, State, Country):		Last 4 Digits of Social Security #: XXX-XX-_____	
Please check all locations you are interested in volunteering your services to: <input type="checkbox"/> Colchester High School <input type="checkbox"/> Colchester Middle School <input type="checkbox"/> Malletts Bay School <input type="checkbox"/> Porters Point School <input type="checkbox"/> Union Memorial School			
Please indicate the type(s) of service(s) you wish to volunteer: (*fingerprints required) <input type="checkbox"/> Chaperoning <input type="checkbox"/> *Coaching/Athletic (please specify)_____ <input type="checkbox"/> Classroom Support <input type="checkbox"/> *Overnight Chaperone <input type="checkbox"/> Event Organization <input type="checkbox"/> Other (please specify): _____			
RELEASE FOR SUBSCRIPTION SERVICE			
Title 20, Chapter 117, Section 2064 now allows an educational facility to receive conviction information on any criminal record with applicant permission during the course of employment or volunteering. _____ I give permission for the educational facility above to receive updates to my criminal conviction record via VCIC's subscription service. _____ I do not give permission for the educational facility above to receive updates on my criminal conviction record.			
ACKNOWLEDGEMENT AND AUTHORIZATION			
"I understand that the district will be conducting a criminal record check with the Vermont Criminal Information Center (VCIC)." "In the event the District receives notice of a criminal record, I understand that within 30 days of receiving the results of the record check, I have the right to appeal the findings to the Vermont Criminal Information Center, Department of Public Safety, 45 State Drive, Waterbury, 05671-1300." "I understand that it is the responsibility of the Principal/Superintendent or his/her designee to accept/not accept specific individuals as volunteers, and all decisions related to the continuation of a volunteer service. I further understand that the decision of the Principal/Superintendent on these matters is considered final." "I understand that I am expected to abide by all Colchester School District policies and procedures which can be found at www.csdvt.org ." "I hereby acknowledge and agree to a check of any record of criminal convictions from the Vermont Criminal Information Center. I understand that the results of this check will be made available to Colchester School District for use in reviewing my suitability for volunteer services within the district and that my volunteer service is contingent upon satisfactory results."			
Signature of Prospective Volunteer:			Date:
Principal's Authorization & Signature: <input type="checkbox"/> Approved <input type="checkbox"/> Denied			Date:
Central Office Authorization & Signature: <input type="checkbox"/> Approved <input type="checkbox"/> Denied			Date:
Central Office Use: Please check and initial upon completion of the following: <input type="checkbox"/> VCIC on-line criminal record check <input type="checkbox"/> VT Abuse Registry <input type="checkbox"/> Add/Update information in Volunteer Database Initials: _____			