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## VOLUNTEER DISCLOSURE AND CONSENT FORM

The Brooklyn Board of Education intends to procure an investigative report, including a national criminal background check for volunteer purposes. By completing and signing this disclosure, you hereby authorize this investigation. *\*\*This background check is only valid for two (2) years.*

*Please provide the following information, please note all fields are required (please print):*

Volunteer's Date of Birth

Social Security Number

First Name

Middle Name

Last Name

Address

City

State

Zip

Telephone Number

☐ Cell

☐ Home

Maiden Name

My child/children attend: ☐ BES ☐ BMS ☐ BES & BMS

My child/children are in the following grades and my preference to volunteer is:

☐ PK

☐ K

☐ 1<sup>st</sup>

☐ 2<sup>nd</sup>

☐ 3<sup>rd</sup>

☐ 4<sup>th</sup>

☐ 5<sup>th</sup>

☐ 6<sup>th</sup>

☐ 7<sup>th</sup>

☐ 8<sup>th</sup>

**Please list the name(s) of your child/children and their grades**

Student Name	Grade

**Please check areas of interest:**

☐ Reading (Tutor)

☐ Math (Tutor)

☐ Library

☐ Special Projects (limited availability)

☐ Art

☐ Computer

☐ Music

☐ Classroom Helper

☐ Office

☐ Clerical

☐ Foreign Language

☐ Field Trip Chaperone

☐ Other: \_\_\_\_\_

**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)

Person to be notified in case of an emergency:

Name: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

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

1. \_\_\_\_\_  
Name \_\_\_\_\_ Phone Number \_\_\_\_\_
2. \_\_\_\_\_  
Name \_\_\_\_\_ Phone Number \_\_\_\_\_
3. \_\_\_\_\_  
Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Do you have a medical condition that would restrict or limit your ability to function as a volunteer or as a chaperone?

☐ YES ☐ NO

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

*The Brooklyn 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(s)? If yes, please list the names 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 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 Brooklyn Board of Education, I agree to act within the scope of the duties assigned by the administrator or designee. 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 Brooklyn Public Schools, the authorization to volunteer in the school system would be immediately withdrawn. By signing below, you are consenting to this investigation by the Brooklyn Board of Education.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

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**For Office Use Only:**

\_\_\_\_\_  
Administrator's Approval

\_\_\_\_\_  
Date

\_\_\_\_\_  
Superintendent's Approval

\_\_\_\_\_  
Date