



Volunteer Application

Name: _____

Phone: _____

E-mail: _____

Address: _____

What type of volunteer work are you applying for? If volunteering through an outside agency, provide your agency name and supervisor: _____

List the days and times you are available to volunteer: _____

Education: Provide your highest level of education completed and degree earned (i.e. High School Diploma, GED, Bachelors Degree, Etc.)

School: _____ City, State: _____

Degree: _____ Date: _____

Employment: List your current employer, if applicable.

Employer's Name: _____

City, State: _____

Position Held: _____

Supervisor, Phone #: _____

Dates of Employment: _____

Complete the attached forms: Authorization for Release of Information for DCF CPS Search
TB Screening
Emergency Contact Information
Capitol City Waiver Statement/Explanation of Rights
Volunteer Background Screen Payment

After completing this packet, it must be signed by the school district administrator supervising your volunteer work. If volunteering through an outside agency you may forward your application directly to the Talent Development Office without a signature.

School District Administrator's Signature/Date: _____

School/Location where volunteer work will occur: _____

Submit your complete packet to the Talent Development Office for processing. The Talent Development Office will notify you once you are cleared to begin your volunteer activity.

I, <u>(Applicant Name):</u> _____ do hereby authorize the Department of Children and Families to research its records to determine whether or not I am on the <i>me</i> central registry of persons responsible for child abuse and neglect. I understand that this information may be used to determine my suitability solely for (check one): <input type="checkbox"/> Employment <input type="checkbox"/> Day Care <input checked="" type="checkbox"/> Volunteer <input type="checkbox"/> Intern <input type="checkbox"/> Mentor <input type="checkbox"/> Other: _____	<p style="text-align: center;"><i>(This area for DCF Use only)</i></p> Date Processed: _____ Central Registry: <input type="checkbox"/> YES <input type="checkbox"/> NO Processor's Initials: _____
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Name of Agency (requesting background check): Consolidated School District of New Britain	Attention: Talent Development Office
Address: (No. and Street): 272 Main Street	City: New Britain State: CT Zip: 06050

I release the Department of Children and Families from any liability for any damages I may incur which may result from the release / use of this information. I submit my following information to assist the Department of Children and Families in their search.

Applicant Last Name	Applicant First Name:	Middle:	DOB:	SS:
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Applicant Address: (No. and Street):	Apartment #:	City:	State:	Zip:	Years at current address?*
					Years Months

List All Previous Applicant Address(es) for the Last Five Years Check if an additional sheet is necessary, and attached

Address: (No. and Street):	Apartment #:	City:	State:	Zip:	Dates From:	Dates To:
					Month Year	Month Year

Other Names I have Used – Including Maiden, Previous Marriages(s) Check if an additional sheet is necessary and attached

Last Name	First Name:	Middle:	DOB:	SS:

Name of Spouses/Other Adults in the Home – Past and Present Check if an additional sheet is necessary and attached

Last Name	First Name:	Middle:	DOB:	Signature (if still in the home)	Date:

Names of ALL Child(ren) – Biological, Stepchildren, 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:

Do you have an active DCF investigation at this time? Yes No Do you have an active appeal of a DCF investigation at this time? Yes No

Applicant Signature: _____	Date: _____
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This authorization will expire 180 days after the date of the signature. Forms not filled out completely and / or clearly will be returned. Do not leave any blank spaces. Please specify with "N/A" if not applicable. **DCF Conducts a Search of the CT Registry ONLY** The Accuracy of this Search is Limited to the Information Provided by the Applicant to DCF.

How To Submit: Email: DCF.BackgroundCheck@ct.gov | Fax: 860-560-7071 | Mail: DCF-Background Check Unit, 505 Hudson Street, Hartford, CT 06106

Please be advised that due to the large volume of forms received, we are unable to provide confirmation of receipt or status updates during the background check process. If, after 4 weeks, you do not receive the results of any form(s) you sent in or if you have any questions, please contact the BGC Unit.

CONSOLIDATED SCHOOL DISTRICT OF NEW BRITAIN
TUBERCULOSIS SCREENING

Name: _____

Date of Birth: _____

This screening is about tuberculosis. Tuberculosis (TB) is a disease caused by TB germs and is usually transmitted by a person with active TB lung disease. It is spread to another person by coughing or sneezing TB germs into the air.

Adults who have active TB disease usually have many of the following symptoms: cough for more than two weeks duration, loss of appetite, weight loss of ten or more pounds over a short period of time, fever, chills, and night sweats.

A person can have TB germs in his or her body but not have active TB disease (this is called latent TB infection or LTBI)

Tuberculosis is preventable and treatable. TB skin testing (often called the PPD or Mantoux test) is used to see if you have been infected with TB germs. No vaccine is recommended for use in the United States to prevent tuberculosis. The skin test is not a vaccination against TB.

The purpose of this screening is to find out if you may have been exposed to tuberculosis.

Place a mark in the appropriate box:	Yes	No	Comments
TB can cause fever of long duration, unexplained weight lost, a bad cough (lasting over two weeks), or coughing up blood. As far as you know: <ul style="list-style-type: none"> • Have you been around anyone with any of these symptoms or problems? or • Have you had any of these symptoms or problems? or • Have you been around anyone sick with TB? 			
Were you born in another country? If so which one? _____ (see attached list)			
Have you traveled in the past year to another country for longer than 3 weeks? If so, specify which country/countries? _____ (see attached list)			
Have you ever been an intravenous (IV) drug user, in jail or prison, or lived in a shelter? And, to the best of your knowledge, have you spent longer than 3 weeks with anyone who is or has been an intravenous (IV) drug user, HIV-infected, in jail or prison, or who recently came to the United States from another country (specify country _____)			

Have you ever had a positive TB skin test? Yes ___ (if yes, specify date ___/___) No ___

If you answered yes to any of the above questions, you will need to have a TB skin test (or chest x-ray) with a negative result before starting work.

Signature _____

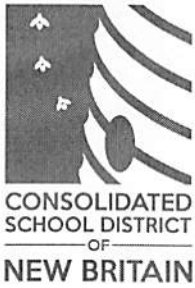
Date _____

Appendix B: List of High Incidence¹ Tuberculosis Countries (Revised 1/2016)

Afghanistan	Guinea	Philippines
Albania	Guinea-Bissau	Poland
Algeria	Guyana	Portugal
Angola	Haiti	Qatar
Anguilla	Honduras	Republic of Korea
Argentina	India	Republic of Moldova
Armenia	Indonesia	Romania
Azerbaijan	Iraq	Russian Federation
Bangladesh	Iran	Rwanda
Belarus	Japan	Saint Vincent and the Grenadines
Belize	Kazakhstan	Samoa
Benin	Kenya	Sao Tome and Principe
Bhutan	Kiribati	Senegal
Bolivia (Plurinational State of)	Kuwait	Serbia
Bosnia and Herzegovina	Kyrgyzstan	Seychelles
Botswana	Lao People's Democratic Republic	Sierra Leone
Brazil	Latvia	Singapore
Brunei Darussalam	Lesotho	Solomon Islands
Bulgaria	Liberia	Somalia
Burkina Faso	Libyan Arab Jamahiriya	South Africa
Burundi	Lithuania	South Sudan
Cambodia	Madagascar	Sri Lanka
Cameroon	Malawi	Sudan
Cape Verde	Malaysia	Suriname
Central African Republic	Maldives	Swaziland
Chad	Mali	Syrian Arab Republic
China	Marshall Islands	Tajikistan
China, Hong Kong Special Administrative Region	Mauritania	Taiwan
China, Macao Special Administrative Region	Mauritius	Thailand
Colombia	Mexico	The former Yugoslav Republic of Macedonia
Comoros	Micronesia (Federated States of)	Timor-Leste
Congo	Mongolia	Togo
Côte d'Ivoire	Morocco	Trinidad and Tobago
Democratic People's Republic of Korea	Mozambique	Tunisia
Democratic Republic of the Congo	Myanmar (Burma)	Turkey
Djibouti	Namibia	Turkmenistan
Dominican Republic	Nauru	Tuvalu
Ecuador	Niue	Uganda
El Salvador	Nepal	Ukraine
Equatorial Guinea	Netherlands Antilles	United Republic of Tanzania
Eritrea	New Caledonia	Uruguay
Estonia	Nicaragua	Uzbekistan
Ethiopia	Niger	Vanuatu
Fiji	Nigeria	Venezuela (Bolivarian Republic of)
French Polynesia	Northern Mariana Islands	Viet Nam
Gabon	Pakistan	Wallis and Futuna Islands
Gambia	Palau	Yemen
Georgia	Panama	Zambia
Ghana	Papua New Guinea	Zimbabwe
Guam	Paraguay	
Guatemala	Peru	

¹ Incidence rate of $\geq 20/100,000$

Data available at: <http://www.who.int/tb/country/data/profiles/en/>



Name: _____

Position: _____

Location: _____

Emergency Contact Name:	
Relationship:	
Address:	
Phone Number(s):	

Emergency Contact Name:	
Relationship:	
Address:	
Phone Number(s):	

I authorize the school district to contact these individuals in the event of an emergency.

Signature: _____

Date: _____

EXPLANATION OF YOUR RIGHTS

Capitol City Credit Company was contracted by the Consolidated School District of New Britain to complete a criminal background check for the purpose of volunteer screening. If any adverse information is found, you will receive a copy of the report, with a summary of the records returned, and a copy of A Summary of Your Rights.

If you have questions, require an explanation, or feel that your report is incomplete or inaccurate and you wish to dispute any information in the report, you may contact us at:

Capitol City Credit Co. LLC
993 Farmington Avenue
West Hartford, CT 06107
860-236-0641

Your criminal background report was compiled mainly from the source listed below. If wish to dispute information from this source, the contact information is:

TransUnion Consumer Relations
Send via mail: P.O. Box 800 Woodlyn, PA 19094
Send via Email: TURSSDispute@transunion.com
Phone: 1-800-568-5665

Capitol City Credit Co., LLC plays no part in the decision to take any action on your application request, and is unable to provide you with specific reasons for any action taken.

To dispute inaccurate information on your criminal background report by mail, please include the following information:

- Your full name: first, middle, and last; including any applicable suffixes (Jr., Sr., III, etc.)
- Your complete mailing address
- Your date of birth
- Your social security number
- The specific reason for the dispute with the item (include any relevant documentation)
- Your contact information and authorizing signature

I acknowledge that I have read and understand the information provided herein.

Volunteer's Signature _____ Date _____

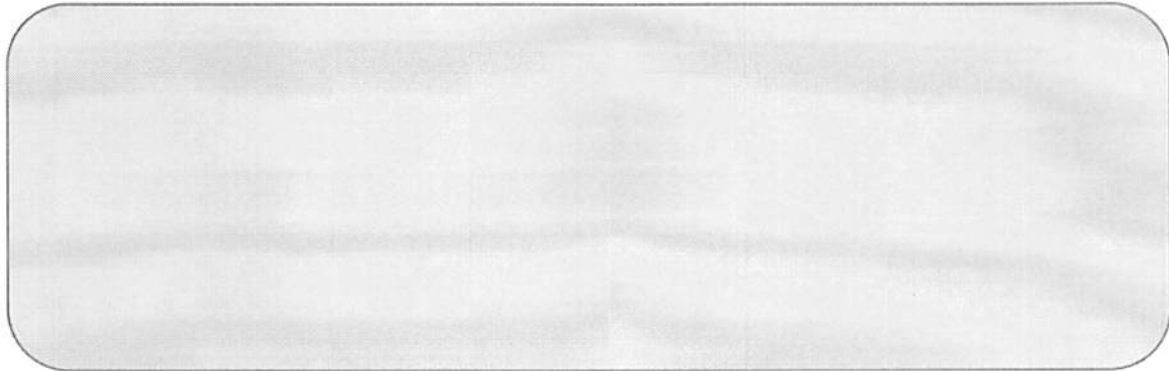


Volunteer Background Screen Payment

In accordance with Board Policy 6162.40, a criminal background screen will be conducted for each volunteer. There is a \$10 processing fee that is charged to the volunteer. Please attach your payment below. Payment must be provided in the form of a check or money order payable to "CSDNB".

Note: If you are volunteering through an outside agency that will be covering this expense do not attach a payment. If this applies, please check the box below and indicate the name of your volunteer agency.

Attach your payment here



No Payment Attached - Check this box if you are a volunteer through an outside agency and your agency will be forwarding the payment to the school district on your behalf.

Provide the name of your volunteer agency: _____