



# Hebron Volunteer Application

## Application Information



Please return completed forms to: Hebron Board of Education, 580 Gilead Street, Hebron, CT 06248 or email to Karen Conderino at [kconderino@hebron.k12.ct.us](mailto:kconderino@hebron.k12.ct.us)

**Full Name:** \_\_\_\_\_  
First MI Last

**Child's Name** \_\_\_\_\_

**Residence:** \_\_\_\_\_  
Street Number Street Apt. #  
 \_\_\_\_\_  
City State Zip

**Mailing Address (if different from residence)**

\_\_\_\_\_

Street Number Street Apt.#

\_\_\_\_\_

City State Zip

**Best Way to Contact Me (circle one):** HOME PHONE CELL PHONE WORK PHONE EMAIL

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext. \_\_\_\_\_

E-mail Address (please print clearly): \_\_\_\_\_

**Person to contact in case of emergency:** Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext. \_\_\_\_\_

**Have you ever been convicted of a crime?** \_\_\_\_\_ NO \_\_\_\_\_ YES; Explain \_\_\_\_\_

**INTERESTS & AVAILABILITY (please check all that apply for questions 1-6):**

1. What are your skills or areas of interest that you would like to use or share?

- |                                                   |                                                    |                                                      |
|---------------------------------------------------|----------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Assemble/Sort Materials  | <input type="checkbox"/> Field Trips               | <input type="checkbox"/> Parent Resource Center      |
| <input type="checkbox"/> Adult Literacy           | <input type="checkbox"/> Finance                   | <input type="checkbox"/> Reading to Children         |
| <input type="checkbox"/> Bookmobile               | <input type="checkbox"/> Fundraising               | <input type="checkbox"/> Research                    |
| <input type="checkbox"/> Chaperone                | <input type="checkbox"/> General Classroom         | <input type="checkbox"/> Survey Design               |
| <input type="checkbox"/> Create flyers, brochures | <input type="checkbox"/> General Office            | <input type="checkbox"/> Transportation              |
| <input type="checkbox"/> Data Input               | <input type="checkbox"/> Graphic Design            | <input type="checkbox"/> Technology                  |
| <input type="checkbox"/> Facilitator              | <input type="checkbox"/> Health and Wellness       | <input type="checkbox"/> Tutoring/Mentoring          |
| <input type="checkbox"/> Event Planning           | <input type="checkbox"/> Legal – Pro Bono          | <input type="checkbox"/> Update Websites             |
| <input type="checkbox"/> Event Publicity          | <input type="checkbox"/> Literacy projects         | <input type="checkbox"/> Other; Please specify _____ |
| <input type="checkbox"/> Event General Volunteer  | <input type="checkbox"/> Project Management        | _____                                                |
| <input type="checkbox"/> Enrichment Centers       | <input type="checkbox"/> Member of Boards/Councils | _____                                                |

2. I would like more information regarding committees that might be available to serve on:

Yes  No If Yes, which committee \_\_\_\_\_

3. I am available for: \_\_\_\_\_ a one-time activity \_\_\_\_\_ throughout the year

4. What day(s) are you available to volunteer?

\_\_\_ Mon \_\_\_ Tues \_\_\_ Wed \_\_\_ Thurs \_\_\_ Fri \_\_\_ Sat \_\_\_ Sun

5. What hour(s) of the day are you available to volunteer? Total hours per week? \_\_\_\_\_

\_\_\_ 7:00 - 8:30 AM                      \_\_\_ 8:30 -10:00 AM                      \_\_\_ 10:00 - 11:30 AM  
\_\_\_ 11:30 - 1:00 PM                      \_\_\_ 1:00 - 2:30 PM                      \_\_\_ 2:30 - 4:00 PM  
\_\_\_ 4:00 PM - 6:00 PM                      \_\_\_ Evenings                      \_\_\_ Weekends

6. With what age group/school do you prefer to work?

\_\_\_ 3-8 yrs.    \_\_\_ 8-12 yrs.    \_\_\_ Adults  
\_\_\_ Gilead Hill School    \_\_\_ Hebron Elementary School

7. Do you currently have a child /children attending the Hebron Public Schools?    \_\_\_ NO    \_\_\_ YES

If yes, what school(s) \_\_\_\_\_

### VOLUNTEER ACKNOWLEDGMENT

I, the undersigned volunteer, desire to volunteer for the Hebron Public Schools in the following capacity (brief description of volunteer activity):

\_\_\_\_\_

I further acknowledge and agree as follows:

1. I understand that no volunteer is to be alone with a child at any time;
2. I understand that as a volunteer I must adhere to the regulations regarding the use of the district's computer system and electronic communications (Regulation 4002a);
3. I am donating my time and services without any compensation and shall at no time be considered an employee or independent contractor of the Hebron Public Schools;
4. I know of no reason, medical or otherwise, that would prevent me from performing the tasks required to participate in this volunteer activity;
5. Subject to the indemnifications described under Connecticut law (CGS 10-235, et.al), I assume all risks of participating in this volunteer activity and full responsibility for my conduct and actions, including any injury to myself or others or damage to property that may result while volunteering; and
6. I hereby agree to release, hold harmless and indemnify the Hebron Public Schools from and against any and all loss, damage, expense or cost (including attorney fees) of any kind for injuries (including property damage, personal injury, disability and death) arising out of my participation in this volunteer activity.
7. I have carefully read this acknowledgment and understand and agree with all of the terms and conditions.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name



# Authorization for Release of Information for DCF CPS Search

DCF-3031  
12/12 (Revised)

I, \_\_\_\_\_ do hereby authorize the Department of Children and Families to research

(Type Applicant Name)

its records 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 solely for (check one):  Employment  Day Care  Volunteer  Intern  Mentor  Other

By: Agency Name / Address/City / State / Zip Code  
Attention: Karen Conderino  
Agency: Hebron Board of Education  
Address: 580 Gilead Street  
City: Hebron

State: CT Zip Code: 06248

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 Dept. of Children and Families in their search.

PLEASE TYPE OR PRINT LEGIBLY / LEAVE NO BLANK SPACES

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last, First Middle

Address: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Street (No P.O. Boxes) Apartment No.

How Long at Current Address: \_\_\_\_\_ Yrs. Mos.

City State Zip Code

Previous Address(es)/List All for the Last Five Years (continue on reverse side of form if necessary)  Check if reverse side used

Street (No P.O. Boxes)	Apt. #	City/Town	State	Zip Code	Dates	
					From (Month/Yr.)	To (Month/Yr.)

Other Names I have Used – Including Maiden, Previous Marriages(s)  Check if reverse side used

Last	First	Middle

Name of Spouses/Other Adults in the Home – Past and Present  Check if reverse side used

Last	First	Middle	D.O.B. Month/Day/Year	Signature/Date (If Still in the Home)

Names of ALL Child(ren) – Biological, Stepchildren Including Adult Children In or Out of the Home  Check if reverse side used

Last	First	Middle	Gender	D.O.B. (Month/Day/Year)

Date: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_

THIS AUTHORIZATION WILL EXPIRE 180 DAYS AFTER THE DATE OF THE SIGNATURE. FORMS NOT FILLED OUT COMPLETELY AND PRINTED 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

Mail to: DCF Careline Background Searches – 505 Hudson Street – 5<sup>th</sup> Floor – Hartford, CT 06106 or FAX: 860-560-7071

**DCF-CT Careline CPS-BGC USE ONLY DO NOT WRITE BELOW THIS LINE**

DATE: \_\_\_\_\_ Central Registry: YES \_\_\_ NO \_\_\_ Processor's Initials: \_\_\_\_\_