



Tier II School Volunteers & Chaperones Application

I, _____, hereby authorize Regional School District No. 20 to make an independent review of criminal or police records and the Department of Children and Families' Abuse and Neglect Registry for the purpose of approving my request to volunteer to work with students in Region 20 Public Schools and/or to chaperone overnight/day school trips. I understand that this background check is required of all Tier II volunteers pursuant to Regional School District No. 20 Board of Education Policy 1212 and accompanying regulations.

I release Regional School District No. 20 from all liabilities, claims or lawsuits regarding the use of information obtained from any and all of the sources used. Regional School District No. 20 reserves the right to request a follow-up background review. I understand that, should I be denied the privilege of volunteering based on the results of any such background check(s), I will be provided with the reason for such a denial and with the opportunity to respond. However, should I believe there is an inaccuracy in the background check results, I understand that such inaccuracy may only be challenged with the relevant law enforcement agency pursuant to Connecticut General Statutes § 54-142l or with the Department of Children and Families.

The following is my true and complete legal name, and all information contained herein is true and correct to the best of my knowledge. If I have ever used a different legal name, I have listed that/those name(s) in parentheses next to my current legal name.

Legal Name: _____

Social Security Number* _____

Date of Birth* _____

Street Address: _____

City, State, Zip: _____

Email: _____ Phone Number: _____

Signature _____

Date _____

Regional School District No. 20 respects your right to confidentiality and if you have any concerns and do not wish to complete the form, we support your decision. However, we will only invite those chaperones who have completed the process.

Please understand that your private information will only be viewed by the Superintendent or designee.

***NOTE: The above information is required for identification purposes only.**

***All forms along with a copy of your photo ID should be returned in a sealed envelope to your school Administrative Assistant or Department/Trip leader. Please include any required documentation to comply with all local, state and federal regulations.**

For School Use:

I attest that the volunteer/chaperone has successfully completed all of the following and all are clear: (please check all that apply)

DCF background check

Sex Offender Registry check

Fingerprinting

Screener: _____

Date: _____

Superintendent Approval: _____

AUTHORIZATION FOR DCF CPS BACKGROUND CHECK (Central Registry Only)

DCF-3031

7/2022 (Rev.)



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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)

REGIONAL SCHOOL DISTRICT 20

Attention:

Debbie DeLisle

Address: (No. and Street):

35 Wamogo Road

City:

Litchfield

State:

CT

Zip:

06759

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:

☐ Female ☐ Male ☐ Other

☐ Female ☐ Male ☐ Other

☐ Female ☐ Male ☐ 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.

Requesting Entity: REGIONAL SCHOOL DISTRICT 20

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 Qualified Entity.

Requesting Entity: REGIONAL SCHOOL DISTRICT 20

Noncriminal Justice Applicant's Privacy Rights

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:

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	Out-of-State Records: Agency of Record OR FBI CJIS Division-Summary Request 1000 Custer Hollow Road Clarksburg, West Virginia 26306
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SIGNATURE	DATE
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This document must be retained by the Entity.

Do not send to CT State Police or FBI

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).

Volunteer and Employee Criminal History System Waiver and Consent Form

This form must be completed and signed by every current or prospective applicant for a position that cares for children, the elderly, or disabled pursuant to the National Child Protection Act of 1993 (NCPA), as amended by the Volunteers for Children Act (VCA). It must be completed before fingerprints are sent to the Connecticut State Police (CSP) and the Federal Bureau of Investigation (FBI).

I understand the following: 1.) My fingerprints will be used to check the criminal history records of the CSP and FBI; 2.) I can receive my state criminal history record from the CSP and a national criminal history record from the FBI pursuant to Title 28, Code of Federal Regulations, §16.30- 16.34; 3.) I can challenge the accuracy and completeness of any information contained in such criminal history records; 4.) The qualified entity may choose to deny me unsupervised access to children, the elderly, or the disabled under its care until my criminal history record check is completed; 5.) I may obtain a prompt determination as to the validity of my record challenge before a final decision is made.

I hereby authorize the qualified nongovernmental entity to submit a set of my fingerprints to the CSP and FBI under the NCPA/VCA. The qualified entity will receive and review my state and national fingerprint-based criminal history records to determine if I am fit to care for children, the elderly or disabled.

By signing this form, it is my intent to authorize the dissemination of my state and national fingerprint-based criminal history record to the qualified entity. I have read and understood the foregoing and the information provided is true and accurate to the best of my knowledge and belief.

ENTITY INFORMATION -The entity receiving the information.		TELEPHONE NO.	
(Name) REGIONAL SCHOOL DISTRICT 20		(860) 361-9022	
ADDRESS (No. and Street) 35 WAMOGO ROAD	(City or Town) LITCHFIELD	(State) CT	(Zip Code) 06759
APPLICANT INFORMATION -The person being fingerprinted.			
NAME (Last)	(First)	DATE OF BIRTH (Month, Day, Year)	
ADDRESS (No. and Street)	(City or Town)	(State)	(Zip Code)
POSITION (Current or Prospective)- All applicants must have supervised or unsupervised access to children, the elderly, or individuals with			
☐ Owner ☐ Operator ☐ Employee ☒ Volunteer ☐ Contractor ☐ Vendor ☐ Paid Student Teacher ☐ Unpaid Student Teacher ☐ Other _____			
CRIMINAL HISTORY			
I have been convicted of or pled guilty to a crime. ☒ No ☐ Yes* * If yes is selected, provide the details and description of the crime/conviction below.			
SIGNATURE		DATE	

This document must be retained by the Qualified Entity.



MEMORANDUM

TO: Volunteer
FROM: Jeffrey Villar, Ph.D.
Superintendent of Schools

DATE: 2026-2027 school year
RE: Fingerprinting

In accordance with Connecticut Public Act 94-221, all local and regional school systems shall require each person Volunteering after July 1, 1994, to submit to a state and national criminal history records check. As part of this records check, school systems shall arrange for the fingerprinting of each new volunteer and submit the fingerprints to the State Department of Public Safety before becoming an approved school volunteer. We encourage all volunteers to be fingerprinted as soon as possible. The following arrangements have been made to provide this service. A new volunteer may:

1. Registering for Fingerprinting
 - a. Log into the website using this link - <https://ct.flexcheck.us.idemia.io/CCHRSPreEnroll/>
 - b. When complete, print the pre-registration document with the Tracking number on it.
 - c. Use Service code **C77B-6711**
 - d. FBI Fee of \$12.00 and a State of Connecticut Fee of \$75.00 to be paid during pre-enrollment via Connecticut Criminal History Request System (CCHRS). The district will reimburse the fees once the paperwork has been submitted to Debbie DeLisle, ddelisle@rsd20.org.
2. Fingerprinting
 - a. Report to Troop L, Litchfield, any weekday between the hours of 7:00 am and 3:00 pm.
 - b. If you are not from Litchfield or the Troop L area, please report to your local town/city's Police Department/Trooper's office.

Whichever option you choose, YOU MUST BRING WITH YOU:

- * Printed Copy of your Pre enrollment tracking barcode from CCHRS
 - * Two forms of identification, including one with a photo (driver's license)
 - * You may be required to pay a fee to the service provider for processing.
3. After your fingerprints have been taken, please confirm whether they are submitting the fingerprints from their LIVE Scan system or if they are printing your fingerprint card to return to me.
 4. If they print the fingerprint card, please bring the completed card and the barcode/tracking number paperwork that you received in an email from CCHRS to Debbie DeLisle, District Office, 35 Wamogo Road, Litchfield, CT 06759.