



Tier I School Volunteers & Chaperones Application

I, _____, hereby authorize Regional School District No. 20 to make an independent review of the Connecticut Sex Offender Registry 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 day school trips/events in open and/or public places. I understand that this background check is required of all Tier I volunteers pursuant to Regional School District No. 20 Board of Education Policy 1212 and accompanying regulations.

I release Regional School District No. 20 from any and all liabilities, claims or lawsuits in regard to 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: _____

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.
There is no cost for the background review.**

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

For School Use:

I attest that the volunteer/chaperone has been verified and cleared. Please indicate the sources utilized to clear the individual:

_____ Sex Offender Registry _____ DCF Background Check _____ Securly

Screener: _____ Date: _____

Superintendent Approval: _____

AUTHORIZATION FOR DCF CPS BACKGROUND CHECK (Central Registry Only)

DCF-3031

7/2022 (Rev.)



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.