

NEW LONDON PUBLIC SCHOOLS
New London, Connecticut

Volunteer Application Form and Waiver of Liability

Information Form

Name: _____ Telephone: _____
Last First MI

Address: _____
Street City State Zip

E-mail Address: _____

NLPS Placement (School): _____

If a parent or guardian of a child or children attending this school, please state the name of each child:

Are you now or have you ever been an NLPS volunteer? ☐ Yes ☐ No

At which school? _____ Year(s) _____

Criminal Conviction Information

Are you a sex offender? ☐ Yes ☐ No

Have you ever been convicted of a criminal offense? ☐ Yes ☐ No

If you answered YES, list all offenses:

Offense(s): _____

Date(s): _____

Place(s): _____

Do you consent to a criminal background investigation if needed? ☐ Yes ☐ No

Emergency Contact Information

Emergency Contact: _____ Relationship: _____

Cellphone: _____ Telephone (Home/Work): _____

Address: _____
Street City State Zip

Personal Physician: _____ Telephone: _____

Falsifying information on this Application Form will result in the loss of privileges to serve as a volunteer.

The New London Board of Education does not provide liability insurance coverage to non-district personnel serving as volunteers for the New London Board of Education. The purpose of this waiver is to provide notice to prospective volunteers that they do not have insurance coverage by the New London Board of Education and to document the volunteer's acknowledgement that they are providing volunteer service at their own risk.

By your signature below:

1. You acknowledge that the New London Board of Education does not provide insurance coverage for the volunteer for any loss, injuries, illness, or death resulting for the volunteer's unpaid service to the New London Board of Education.
2. You agree to assume all risk for death or any loss, injury, illness, or damage of any nature arising out of the volunteer's supervised and unsupervised service to the New London Board of Education. You additionally agree to waive any and all claims against the New London Board of Education, or its offices, Board Members, employees, agents, or assignees, for loss due to death, injury, illness or damages of any nature arising out of the volunteer's supervised and unsupervised service to the New London Board of Education, except any rights you have pursuant to the Connecticut General Statutes Section 10-235.

Signature of Volunteer: _____ Date: _____

Printed Name of Volunteer: _____

FOR OFFICE USE ONLY

General description of assignment(s):

- ☐ Supervising students as needed by a teacher
- ☐ Supervising students during a regularly scheduled activity
- ☐ Assisting with academic programs
- ☐ Student teaching/interning
- ☐ Single-event chaperone
- ☐ Other: _____

Name of supervising staff member: _____

"Sex offender list" check completed: ☐ Yes ☐ No Date _____

Is a criminal background check necessary: ☐ Yes ☐ No

Reviewed by: _____ Date: _____

Signature of Principal or Director

Volunteer Personal Data

Date: _____

Preferred Name: _____

Occupation: _____

Date of Birth: _____ Gender Identity: _____

Race (select all applicable):

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Pacific Islander
- ☐ White/Caucasian
- ☐ Two or More Races
- ☐ Other: _____
- ☐ Do Not Wish to Disclose

Hispanic/Latinx Indicator:

☐ Yes ☐ No

Military/Veteran Indicator:

☐ Yes ☐ No

If Applicable:

College/University/Institution: _____

Program: _____ Expected Graduation Date: _____

Military Experience (# of Years): _____

If you require accommodations due to disability or other circumstance, please disclose below:
