

## SCHOOL VOLUNTEERS/CHAPERONES

## POLICY 1401

The Manchester Board of Education recognizes the importance of school volunteers / chaperones at all levels of schooling. The Board of Education encourages the use of school volunteers to: (1) increase students' educational attainment, (2) provide enrichment experiences for students, (3) increase the effective utilization of staff time and skills, (4) give more individual attention to students, and (5) promote greater community involvement. The Board encourages a volunteer / chaperone program in the District and in its schools with suitable regulations and safeguards.

Through the publication of administrative regulations pursuant to this policy, the Superintendent of Schools may set such criteria for the qualifications of volunteers / chaperones, as well as their responsibilities and supervision, as the Superintendent may deem appropriate in his/her discretion.

Volunteers / chaperones will be required to submit to state and federal criminal record checks and a record check of the Department of Children and Families (DCF) Child Abuse and Neglect Registry. No person who is a "sex offender," as defined by Public Act 98-111, An Act Concerning the Registration of Sexual Offenders, may volunteer / chaperone in Manchester Public Schools.

(cf. 1240 – Citizens' Assistance to School Personnel)  
(cf. 6161.4 – Community Resources)

Legal Reference: Connecticut General Statutes Connecticut  
General Statutes §10-235  
Connecticut General Statutes §54-254  
Public Act - 97-290  
Public Act 98-111 An Act Concerning The Registration of Sexual Offenders

Adopted: March 26, 2018  
Revised 09-24-18  
Revised 07-08-19

## Securing and Screening Volunteers

The Building Principal or his/her designee directs the use of volunteers / chaperones within the school. Specifically, the Principal or designee directs volunteer recruitment, screening, placement, and training within the following parameters:

1. **Qualifications.** Volunteers / chaperones may come from all backgrounds and all age groups. The main qualification for a volunteer / chaperone is that he or she has a desire to give his or her time and talent in order to enrich student learning opportunities and the school community generally.  
  
No person who is a “sex offender” as defined by Public Act 98-111, An Act Concerning the Registration of Sexual Offenders may volunteer / chaperone in Manchester Public Schools.
2. **Recruitment.** School personnel may recruit volunteers / chaperones through the following resources: parent(s)/guardians, parent organizations, retired teachers and other senior citizen groups, community businesses, local volunteer centers, and universities. If a staff member, other than the Principal, recruits a volunteer, the staff member must provide the volunteer's name and address to the Principal.
3. **Role.** Volunteers / Chaperones serve only in an auxiliary capacity under the direction and supervision of a staff member; a volunteer is not a substitute for a member of the school staff. Volunteers / Chaperones do not have access to confidential student school records.
4. **Volunteer / Chaperone Application.** Persons interested in volunteering / chaperoning their services should contact the Principal, and must submit a volunteer information form.
5. **Screening Procedure.** The following procedure has been established for screening volunteers/chaperones. For the purpose of this procedure, volunteers are defined as those individuals who volunteer their time to assist in schools for the benefit of the student body with the expressed knowledge, consent and direction of the Principal or designee.

Volunteers / Chaperones are those who engage in activities when a staff member is always present and those who engage in activities involving students when not in the direct and continuing presence of a Manchester Public Schools employee such as, but not limited to, those listed below:

- assisting in a classroom, cafeteria, or library when a staff member is present;
- accompanying a class on a field trip during the school day with a teacher;
- helping in the school office during regular school hours;
- assisting in the cafeteria or library during regular school hours; and
- extra-curricular events, i.e., dances, fairs, open house, etc.
- accompanying a class on a field trip in which the plans include that students be divided into small groups supervised solely by the volunteer chaperone for any length of time;
- chaperoning an overnight field trip; and
- coaching.

Volunteers / Chaperones engaged in the above activities for Manchester Public Schools will be required to submit state and federal criminal record checks and submit to a record check of the Department of Children and Families (DCF) Abuse and Neglect Registry within 10 days of the application to be a volunteer/chaperone. A form regarding the release of information concerning any prior or pending criminal offenses will also be required. All results must be received by the Human Resources Office before the volunteer / chaperone may commence his or her volunteer / chaperone activities.

In all cases, whenever an individual submits a new volunteer / chaperone information form, the Principal or designee shall review the sex offender list most recently published to confirm that the volunteer is not a sex offender. The Principal shall also review sex offender lists whenever volunteer / chaperones will be used.

**Upon receipt of DCF Abuse and Neglect Registry results indicating that the volunteer / chaperone is involved in an abuse or neglect investigation or that the volunteer is listed as a perpetrator of abuse or neglect on the Registry,** the Superintendent or his/her designee will notify the volunteer in writing of the results of the Registry check and will provide an opportunity for the volunteer to respond to the results of the Registry check. If warranted by the results of the Registry check and any additional information provided by the volunteer, the Superintendent or designee shall not allow the individual to volunteer in the Manchester Public Schools.

**When a criminal record check of a volunteer reveals a criminal conviction, whether disclosed or undisclosed on the volunteer's information form,** the Superintendent or his/her designee will make a case-by-case determination as to whether to allow the individual to volunteer / chaperone in Manchester Public Schools. Prior to any such decision, the Superintendent or designee shall inform the volunteer in writing and shall provide an opportunity for the volunteer to respond. Notwithstanding the foregoing, the falsification or omission of any information on a volunteer information form, including but not limited to information concerning criminal convictions or pending criminal charges, shall be grounds for the Superintendent or designee to prohibit the individual from becoming a volunteer.

6. **Selection, Placement, and Supervision.** Volunteer / Chaperone selection and placement shall be based on the individual's qualifications and availability, and the school's needs. A volunteer / chaperone will be assigned to a staff member only with the staff member's consent. The relationship between a volunteer and staff member should be one of mutual respect and confidence.
7. **Training.** Each academic year, when a person first completes the volunteer / chaperone information form, the Principal or designee should give the person a copy of this administrative procedure along with other pertinent information. The staff member to whom the volunteer / chaperone is assigned is responsible for explaining his or her expectations of duties. If needed, the Principal or designee should arrange appropriate training opportunities for those volunteer / chaperone activities requiring a particular skill or knowledge base (e.g., working in the computer lab).
8. **Sign-in Procedure.** All school volunteers / chaperones must report to the school office upon arrival to sign-in. All volunteers must report to the office prior to departure to sign out. A sign-in/sign-out log will be maintained in each school office. Individuals should indicate the purpose of their visit. Additionally, volunteers will be provided with identification badges, which should be displayed during each visit.
9. **Conduct.** Volunteers are held to the same standards of conduct as school staff, and must observe all Board of Education policies and school rules. Permission to volunteer / chaperone or to continue volunteering /chaperoning will be denied if the volunteer behaves in any manner that demonstrates he or she is not a good role model, is disruptive or otherwise detrimental to the school environment.
10. **Waiver of Liability.** Manchester Public Schools does not provide liability insurance coverage to non-district personnel serving as volunteers for the district. Pursuant to Connecticut General Statutes § 10-235, the District will indemnify and hold harmless volunteers from civil liability in most situations as long as the volunteer is acting within the scope of his or her responsibilities in an activity approved by the Board of Education and is under the direction of a certified staff member. Willful and/or malicious conduct on the part of the volunteer is not covered under Connecticut General Statutes § 10-235.



## Manchester Public Schools

Kennedy Education Center  
45 North School Street  
Manchester, CT 06042

[www.mpspride.org](http://www.mpspride.org)

Dear Volunteer/Chaperone:

In order to ensure the safest possible environment for students, Manchester Public Schools will perform a background check of all persons wishing to volunteer and/or chaperone our students.

Attached are the Volunteer/Chaperone and Waiver Liability Forms, Volunteer/Chaperone Guidelines Form and Authorization for Release of Information for DCF/CPS Search Form. Upon completion, **please submit to the building Principal/Secretary.**

Should you have any questions about the form or the process, please feel free to contact Human Resources at 860-647-3440.

Sincerely,

*Human Resources*



SCHOOL \_\_\_\_\_

**MANCHESTER PUBLIC SCHOOLS  
VOLUNTEER / CHAPERONE FORM AND WAIVER OF LIABILITY**

*Every question must be answered accurately in order for application to be considered complete.*

Please provide the following information: Date of Birth: \_\_\_\_\_

\_\_\_\_\_  
First Name Last Name Maiden Name

\_\_\_\_\_  
Address with City, State, Zip Code

\_\_\_\_\_  
Telephone / Driver's License Number / State of Issue

**Copy of photo ID (required with application).**

1. Have you ever been required to register with a state or federal sex offender registry?

YES  NO

2. Have you ever been convicted of a crime (excluding motor vehicle violations or infractions)?

YES  NO

3. Do you have any criminal charges pending?

YES  NO

4. If you answered YES, list all offenses.

Offense(s): \_\_\_\_\_

Date(s): \_\_\_\_\_

Place(s): \_\_\_\_\_

You are required to promptly inform the school district of any changes to these responses.

This application is for:  **VOLUNTEER** AND/OR  **CHAPERONE**

At which school(s) have you previously been a school Volunteer/Chaperone? \_\_\_\_\_

\_\_\_\_\_  
Year(s) \_\_\_\_\_

Are you a parent/guardian of any child attending Manchester Public Schools?  YES  NO

Name and Grade of Children: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY INFORMATION FOR VOLUNTEER/CHAPERONE:**

Emergency Adult Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Physician/Hospital: \_\_\_\_\_ Phone Number: \_\_\_\_\_

# MANCHESTER PUBLIC SCHOOLS

## VOLUNTEER / CHAPERONE FORM AND WAIVER OF LIABILITY (continued)

### Waiver of Liability\*

Manchester Public Schools does not provide liability insurance coverage to non-district personnel serving as volunteers for the school district. The purpose of this waiver is to provide notice to prospective volunteers that they do not have insurance coverage by the school district and to document the volunteer’s acknowledgment that they are providing volunteer service at their own risk. However, Connecticut General Statutes § 10-235 provides that the district must indemnify and hold harmless volunteers from civil liability in most situations as long as the volunteer is approved by the Board of Education to carry out a duty prescribed by the Board of Education and performs services under the direction of a certified teacher. Willful and/or malicious conduct on the part of the volunteer is not covered under Connecticut General Statutes § 10-235.

\*For the purpose of these documents, the definition of Chaperones and Volunteers are synonymous.

### By your signature below:

1. You acknowledge that Manchester Public Schools does not provide insurance coverage for the chaperone/volunteer for any loss, injuries, illness, or death resulting from the volunteer’s unpaid service to Manchester Public Schools.
2. You agree to assume all risk for death or any loss, injury, illness or damage of any nature or kind, arising out of the chaperone/volunteer's supervised or unsupervised service to Manchester Public Schools, agree to waive any and all claims against Manchester Public Schools, or its officers, Board of Education Members, employees, agents or assigns, for loss due to death, injury, illness or damage of any kind arising out of the chaperone’s/volunteer’s supervised or unsupervised service to Manchester Public Schools.
3. You consent to a criminal background investigation. The background investigation may be repeated at the discretion of Manchester Public Schools - unless you remove your name from the list of Volunteers/Chaperones.
4. As a chaperone/volunteer for Manchester Public Schools, I agree to act within the scope of the duties assigned by the area supervisor. Furthermore, I hereby certify that there are no willful misrepresentations or falsification of the statements or answers to questions in this registration application. I am aware that should investigation of this registration disclose such misrepresentation or falsification that would in any way endanger children or inhibit the mission of Manchester Public Schools, the authorization to chaperone/volunteer in the school system would be withdrawn immediately.

Date: \_\_\_\_\_ Print Name of Chaperone/Volunteer: \_\_\_\_\_

Signature of Chaperone / Volunteer: \_\_\_\_\_



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45 North School Street  
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## GUIDELINES for CHAPERONES and VOLUNTEERS

*Thank you for agreeing to serve as a chaperone and/or volunteer for Manchester Public Schools.*

As a chaperone/volunteer, you serve as a role model and help students learn. Please review these guidelines carefully, sign and date this form, then **return** it to the **School Principal/Secretary** as soon as possible but no later than 2 weeks before the event or anticipated start date. Once again, thank you for your assistance.

1. Chaperones/Volunteers are required to remain with their assigned group at all times, until chaperoning/volunteering duties are finished.
2. Chaperones/Volunteers agree to continuously monitor their student or group's activities.
3. Chaperones/Volunteers will not use any alcohol or tobacco products during the time as a chaperone/volunteer.
4. Chaperones/Volunteers will refrain from using profane or inappropriate language during the time as a chaperone/volunteer.
5. Chaperones/Volunteers are NEVER to touch a child unless the child is presenting an immediate threat to the health or safety of themselves or others.
6. Chaperones/Volunteers are not to administer medications to students.
7. Chaperones/Volunteers are not allowed to have any non-student siblings or other children accompanying them without permission of the building principal.
8. Chaperones/Volunteers will report any safety or health concerns to a teacher immediately.

**I have read the above guidelines and agree to abide by them.**

**PRINT NAME:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **CELL PHONE:** \_\_\_\_\_



Connecticut Department of Children and Families  
**AUTHORIZATION FOR RELEASE OF INFORMATION FOR DCF CPS SEARCH**  
 DCF-3031  
 10/18 (Rev.)



I, (Applicant Name): _____ do hereby authorize the Department of Children and Families to research its records to determine whether or not I am on the me 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 type="checkbox"/> Volunteer <input type="checkbox"/> Intern <input type="checkbox"/> Mentor <input type="checkbox"/> Other: _____					<b>(This area for DCF Use only)</b> Date Processed: Central Registry: <input type="checkbox"/> YES <input type="checkbox"/> NO Processor's Initials: _____				
Name of Agency (requesting background check):			Attention:						
Address: (No. and Street):			City:	State:	Zip:				
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:					
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 <input type="checkbox"/> Check if an additional sheet is necessary, and attached									
Address: (No. and Street):	Apartment #:	City:	State:	Zip:	Dates From: Month Year				
					Dates To: Month Year				
Other Names I have Used – Including Maiden, Previous Marnages(s) <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No    Do you have an active appeal of a DCF investigation at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No									
Applicant Signature:					Date:				
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: <a href="mailto:DCF.BackgroundCheck@ct.gov">DCF.BackgroundCheck@ct.gov</a>   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.									