

Chittenden Central Supervisory Union

Volunteer Registration Form

Revised: 2/19/10

GENERAL INFORMATION				
Name (first, MI, last):		E-mail Address:		School Year:
Alternative First Name(s) (please list any other first name(s) you've used, e.g., nicknames)		Alternative Last Name(s) (Please list any previous last names you've used, e.g., maiden name)		
Address:		City	State	Zip-Code+4
Home Phone:	Cell Phone:	Work Phone:	Date of Birth (needed for VCIC check):	
Please check all locations you are interested in volunteering your services to:				
<input type="checkbox"/> Summit Street <input type="checkbox"/> ADL <input type="checkbox"/> Fleming <input type="checkbox"/> Hiawatha <input type="checkbox"/> Westford <input type="checkbox"/> EHS <input type="checkbox"/> CTE <input type="checkbox"/> EJ Rec. & Parks <input type="checkbox"/> Rink <input type="checkbox"/> Property Services <input type="checkbox"/> Technology Dept. <input type="checkbox"/> Food Services				
Please indicate the type(s) of service(s) you wish to volunteer:				
<input type="checkbox"/> Library support <input type="checkbox"/> Chaperoning <input type="checkbox"/> Coaching <input type="checkbox"/> Student activity advisor <input type="checkbox"/> Instructional/classroom support <input type="checkbox"/> Event organization <input type="checkbox"/> Clerical support <input type="checkbox"/> Other (please specify): _____				
ACKNOWLEDGEMENT AND AUTHORIZATION				
<p>"I understand that the district will be conducting a criminal record check with the Vermont Criminal Information Center (VCIC). I understand that I will automatically be disqualified from volunteering if I was convicted of any of the crimes found on http://www.ccsuvt.org/human-resources/volunteers/. I understand that this is not an all inclusive list of disqualifying crimes: Other crimes and the totality of crimes shall be considered on a case-by-case basis.</p> <p>"In the event the District receives notice of a criminal record, I understand that within 30 days of receiving the results of the record check, I have the right to appeal the findings to the Vermont Criminal Information Center, Department of Public Safety, 103 South Main Street, Waterbury, Vermont, 05671-2101.</p> <p>"In addition to the above disqualification, I understand that it is the responsibility of the Principal/Director or his/her designee to accept/not accept specific individuals as volunteers, and all decisions related to the continuation of a volunteer's service. I further understand that the decision of the Principal/Director on these matters is considered final.</p> <p>"I understand that I am expected to abide by all school and Chittenden Central Supervisory Union policies and procedures which can be found at www.ccsuvt.org. I also acknowledge that I have read and understand the expectations for volunteers found on http://www.ccsuvt.org/human-resources/volunteers/.</p> <p>"I hereby acknowledge and agree to a check of any record of criminal convictions from the Vermont Criminal Information Center. I understand that the results of this check will be made available to Chittenden Central Supervisory Union for use in reviewing my suitability for volunteer services with the district and that my volunteer service is contingent upon a satisfactory criminal records check.</p>				
Signature of Prospective Volunteer:			Date:	
Administrator's Authorization: <input type="checkbox"/> Approved <input type="checkbox"/> Denied			Date:	
<i>Office Use:</i> Please check and initial upon completion of the following: <input type="checkbox"/> VCIC on-line criminal record check <input type="checkbox"/> Add/update information in Volunteer Database Initials: _____				

Distribution: Original – School / Copy - Volunteer

A new registration form must be completed annually