



Newtown Public Schools Volunteer Background Check Authorization

Thank you for your interest in volunteering in our schools. Student safety is our top priority. If you are interested in volunteering, please complete and submit the authorization below.

Date of Request: _____

Print Name:

Last: _____ **First:** _____ **Middle:** _____

Maiden or Other Name: _____

Date of Birth: _____ **Place of Birth:** _____

Current Address: _____

Town(s) and State(s) resided in prior to residing in Newtown:

_____	_____	_____
Town, State	Town, State	Town, State
_____	_____	_____
Town, State	Town, State	Town, State

Driver License Number: _____ **State Issuing Driver License:** _____

Interested in Volunteering in the Following Schools: (Please Check All that Apply)

Newtown High School	<input type="checkbox"/>	Hawley School	<input type="checkbox"/>	Sandy Hook School	<input type="checkbox"/>
Newtown Middle School	<input type="checkbox"/>	Head O'Meadow School	<input type="checkbox"/>	Newtown Preschool	<input type="checkbox"/>
Reed Intermediate School	<input type="checkbox"/>	Middle Gate School	<input type="checkbox"/>		

Have you ever been convicted of any violation of any law? YES NO

Do you currently have any criminal complaint pending against you? YES NO

Are you a registered sex offender in the State of Connecticut or any other state? YES NO

I hereby authorize Newtown Public Schools to conduct a background investigation for volunteer purposes. I understand that the scope of the investigative report may include but is not limited to the following areas: verification of current and previous residences; civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; and any other public records and databases.

The information contained in this authorization is correct to the best of my knowledge.

Signature: _____ **Date:** _____

Central Office: Approved to Volunteer: YES NO

Director of Security: _____ **Date:** _____