

Connecticut Department of Children and Families
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)		Attention:		
Address: (No. and Street):		City:	State:	Zip:

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:
				<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other
				<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other
				<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> 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.

STERLING PUBLIC SCHOOLS
Sterling, Connecticut

Volunteer Information Form and Waiver of Liability

Only one form needs to be completed by a volunteer each school year. The completion of this form requires a valid state-issued ID (driver's license, identification card, work visa or green card). Please print clearly in ink:

Information Form

Name: _____
 Last *First* *Middle* *Telephone*

Address: _____
 Street *City* *Zip Code*

Personal physician: _____ Phone _____

Emergency adult contact: _____ Phone _____

Are you now or have you ever been a school volunteer? Yes No

At which school? _____ Year? _____

The name of any child or ward attending this school: _____

Criminal Conviction Information

Are you a sex offender? (Registered as a sex offender) Yes No

Have you ever been convicted of a felony? Yes No

Are you registered on the Department of Children and Families (DCF) Child Abuse & Neglect Registry?
 Yes No

If you answered YES, list all offenses

Offense(s): _____

Date(s): _____

Place(s): _____

If requested, are you willing to consent to a criminal background investigation? Yes No

Waiver of Liability

The School District 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, C.G.S. 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 and performs services under the direction of a certified teacher. Therefore, the district must pay any damages awarded to a plaintiff in an action brought alleging negligence or other act resulting in injury, including infringement of that person's civil rights.

By your signature below:

1. You acknowledge that the School District does not provide insurance coverage for the volunteer for any loss, injuries, illness, or death resulting from the volunteer's unpaid service to the School District.
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 volunteer's supervised or unsupervised service to the School District. agree to waive any and all claims against the School District, or its officers, Board Members, employees, agents or assigns, for loss due to death, injury, illness or damage of any kind arising out of the volunteer's supervised or unsupervised service to the School District.

Date: _____ Signature of Volunteer: _____

Printed Name of Volunteer: _____
