

ORANGE PUBLIC SCHOOLS

VOLUNTEER REGISTRATION FORM

NAME: Last First Middle Initial

ADDRESS Number Street

Town State Zip Code

TELEPHONE NOS. Home Cell Work

Primary Care Physician: _____ **Telephone** _____

Emergency Adult Contact: _____ **Telephone** _____

Connecticut's Public Act 93-328 – An Act Concerning Applicants for School Employee Position

The Orange Public School System has the responsibility to comply with federal and state mandated regulations. For the safety of our students, we respectfully request your cooperation in completing the following to help us meet the requirements pursuant to the Connecticut General Statutes, even though you are not actually an employee.

1. Were you ever known by any other name? If yes, please list the name(s) below.

___ Yes ___ No _____

2. Have you ever been **convicted** of a crime, either within or outside of Connecticut?

___ Yes ___ No If yes, identify the approximate date, location and nature of each such conviction on a separate sheet of paper and attach to this form.

3. Are any criminal charges currently pending against you either within or outside of Connecticut?

___ Yes ___ No

If yes, identify the jurisdiction in which such charges are pending, the nature of the charges and an explanation on a separate sheet of paper and attach it to this form.



Orange Board Of Education

637 Orange Center Road
Orange, Connecticut 06477-2432

TELEPHONE: (203) 891-8020
FAX: (203) 891-8025
SPECIAL EDUCATION: (203) 891-8023
SCHOOL OF THE 21ST CENTURY: (203) 891-8033

VOLUNTEER WAIVER OF LIABILITY FORM

I acknowledge that the Orange Public Schools does not provide insurance coverage for the volunteer for any loss, injuries, or death resulting from the volunteer's unpaid service to the school district.

I agree to assume all risk for death or loss, injury, illness or damage of any nature or kind arising out of the volunteer's supervised or unsupervised service to the school district. I agree to waive any and all claims against the school district, 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 volunteer's supervised or unsupervised service to the school district.

Name (Print): _____

Address: _____

Signature: _____ Date: _____