



FIELD TRIP VOLUNTEER FORM

Legal Name _____ Former Name: _____
Address _____
City, State, Zip _____
Participating School BHS ESS LHS MOH SSS PHS SIS SHS
Home Phone _____
Work Phone _____
Cell Phone _____
E-mail _____
Date of field trip _____
Male Female

*Because of our commitment to safety in the Shelton Public School System, it is our policy to run background checks on volunteers who may have contact with our students, faculty, and staff. This is not a check on your talents or skills, but a precaution we must take to protect the children we serve. Please complete this **Volunteer Form**. If requested we will provide you with our **Background Check Policy and Background Check Form**.*

I hereby authorize the Shelton Public School System to conduct criminal background checks on the undersigned during my service as a volunteer. The background check shall include the following components: (a) an identity and legal alias verification; (b) a national criminal record file search; and (c) a national sex offender registry search. I understand the purpose and reasons for the background check. This Authorization shall remain valid for the duration of my service as a field trip volunteer unless I provide a written revocation of this Authorization to Administration of the Shelton Public School System.

Birth Date: ____/____/____

Printed Name: _____

Signature: _____ Date: ____/____/____

All information is required. Please write clearly. If we cannot read your information, it will delay processing.