



TOWN OF GROTON

PARKS AND RECREATION DEPARTMENT



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Groton Parks and Recreation Volunteer,

The Town of Groton recently adopted a new policy and procedures concerning background checks for employees and volunteers. The goal was to establish a uniform procedure across all departments in conducting background checks to ensure the highest level of protection to those we are serving.

While the new process requires a bit more administrative work up front, we feel it is important to take these steps to protect our vulnerable population (children, seniors and people with disabilities).

To expedite the background check process the following **steps must be taken**.

- **All sections of the form must be filled in.** If a section does not apply it must be filled in with N/A.
- There must be a **minimum of two references**. Family references are not acceptable
- The **form must be signed**.

If you fail to follow the steps above the form will be returned and will delay processing.

Thank you for volunteering, without your support we would not be able to provide the program and services we do.

*Never doubt that a small group of thoughtful,
committed citizens can change the world;
indeed, it's the only thing that ever has.*

Margaret Mead

Sincerely,

Mark Berry
Parks and Recreation Director



TOWN OF GROTON

45 Fort Hill Rd.
Groton, CT 06340

Volunteer Application

Last Name: _____ First Name: _____ Date: _____

Street Address: _____

City: _____ Email: _____

Telephone: (H) _____ (Cell) _____

Driver's License Number/Issuing State: _____

EMERGENCY CONTACT

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (H) _____ (Cell) _____ (Bs) _____

Work Status

Student (Provide school name) _____

Retired

Employed PT (Provide employer name) _____

Employed FT (Provide employer name) _____

Other (Provide explanation) _____

Preferred Volunteer Program(s):

Coaching

Golf Course

Community Emergency Response Team

Library

Parks and Recreation

Other (Provide explanation) _____

Senior Center

Adopt a Highway

Human Services

Please list any relevant work and/or volunteer experience:

Please list any special skills, training, interests or hobbies:

Certifications: CPR (Date: _____) First Aid (Date: _____)

Available Days: <input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday	Available Hours: <input type="checkbox"/> Morning _____ <input type="checkbox"/> Afternoon _____ <input type="checkbox"/> Evening _____	Please Select: <input type="checkbox"/> Winter <input type="checkbox"/> Summer <input type="checkbox"/> One Time Project
When will you be available to begin to volunteer?		

Personal References:		
Name	Telephone	Email
1.		
2.		

Work-Related References:		
Name	Telephone	Email
1.		
2.		

How did you hear about the volunteer program? _____

Why do you want to volunteer? _____

I understand and agree that as a volunteer I am expected to comply with all applicable Town policies, including, but not limited to, confidentiality.

I agree to reimburse, hold harmless and indemnify the Town of Groton from and against any claims, losses, expenses, (including reasonable attorney's fees) suits and judgments against me arising out of my acts or omissions as a Volunteer.

I certify that the information that is provided on this application is complete and true. I further acknowledge that falsification or omission of any information presented or requested on this application and/or during the interview process may result in rejection of or dismissal from a volunteer position.

Applicant's Signature: _____ Date: _____

<p>For Applicants under age eighteen (18), a parent/guardian signature is required.</p> <p>I give permission for _____ to volunteer for the Town of Groton and to be photographed in relations to his/her position.</p> <p>Parent/Guardian Signature: _____ Date: _____</p> <p>Parent/Guardian Name: _____ (Please print)</p>
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I, _____ do hereby authorize the Department of Children and Families to research <i>Applicant Name</i>										
its records 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 solely for <i>(check one)</i> :										
<input type="checkbox"/> Employment <input type="checkbox"/> Day Care <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern <input type="checkbox"/> Mentor <input type="checkbox"/> Other:										
Name of Agency:					Attention:					
Address: (No. and Street):			Apartment #	City:			State:		Zip:	
I release the Department of Children and Families from any liability for any damages I may incur which may result from the release / use of this information. I submit my following information to assist the Department. of Children and Families in their search.										
Last Name		First Name:			Middle:		DOB:		SS:	
Address: (No. and Street):			Apartment #:	City:		State:	Zip:	Years at current address?: Years Months		
Previous Address(es)/List All for the Last Five Years <i>(continue on reverse side of form if necessary)</i>								<input type="checkbox"/> Check if reverse side used		
Address: (No. and Street):			Apartment #:	City:		State:	Zip:	Dates From: (Month/Year)	Dates To: (Month/Year)	
Other Names I have Used – <i>Including Maiden, Previous Marriages(s) (continue on reverse side of form if necessary)</i>								<input type="checkbox"/> Check if reverse side used		
Last Name		First Name:			Middle:		DOB:		SS:	
Name of Spouses/Other Adults in the Home – <i>Past and Present (continue on reverse side of form if necessary)</i>								<input type="checkbox"/> Check if reverse side used		
Last Name		First Name:			Middle:		DOB:		Signature (if still in Home)	Date:
Names of ALL Child(ren) – <i>Biological, Stepchildren Including Adult Children In or Out of the Home</i>								<input type="checkbox"/> Check if reverse side used		
Last Name		First Name:			Middle:		DOB:		Gender:	
Do you have an active DCF investigation at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No					Do you have an active appeal of a DCF investigation at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Applicant Signature:								Date:		
THIS AUTHORIZATION WILL EXPIRE 180 DAYS AFTER THE DATE OF THE SIGNATURE. FORMS NOT FILLED OUT COMPLETELY AND / OR CLEARLY WILL BE RETURNED. DO NOT LEAVE ANY BLANK SPACES. PLEASE SPECIFY WITH N/A IF NOT APPLICABLE. ****DCF Conducts a Search of the CT Registry ONLY*** The Accuracy of this Search is Limited to the Information Provided by the Applicant to DCF										
Mail to: DCF Careline Background Searches – 505 Hudson Street – 5th Floor – Hartford, CT 06106 or FAX: 860-560-7071 <i>DCF-CT Careline CPS-BGC USE ONLY - DO NOT WRITE BELOW THIS LINE</i>										
Date:		Central Registry?: <input type="checkbox"/> Yes <input type="checkbox"/> No				Processors Initials:				

TOWN OF GROTON
DISCLOSURE AND ACKNOWLEDGMENT REGARDING
CRIMINAL HISTORY CONVICTION INFORMATION REQUEST

It is the policy of the Town of Groton to conduct criminal history background checks of independent contractors and their employees who provide services to the public (“independent contractors”); and all prospective employees and/or volunteers. As a general matter, background checks and DCF CPS searches will not be conducted for current employees and, at the discretion of the Director of Human Resources/Risk Management, will not be conducted for volunteers who offer to assist the Town with distinct projects and/or will not have ongoing volunteer relationships with the Town.

Have you ever been convicted of a crime* (with regard to motor vehicles, include only felony convictions)? If yes, please give charge, location, court date and describe in full.

I certify by my signature below that I understand that if I am offered and accept employment and/or a volunteer position and/or a position as an independent contractor and/or as an employee of an independent contractor, a criminal history conviction information request shall be submitted to confirm the conviction information I have provided in this application.

Date: _____ Signature: _____
Printed Name: _____
Address: _____
City, State, Zip: _____
SSN: _____
DOB: _____

*Note: The person is not required to disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased pursuant to Sections 46b-146, 54-76o or 54-142a.

These criminal records subject to erasure pertain to a finding of delinquency or a child’s being a member of a family with service needs, an adjudication as a youthful offender, a criminal charge that has been dismissed or nolle, a criminal charge for which the person has been found not guilty, or a conviction for which the person received an absolute pardon.

Any person whose criminal records have been erased pursuant to these rules shall not have been considered arrested within the meaning of the Connecticut General Statutes with respect to the erased proceedings and may so swear under oath.

Conviction of a crime will not necessarily disqualify you from the job and/or the volunteer position and/or the position as an independent contractor for which you are applying.