



Field Trip Chaperone Renewals

Please use this sheet as a reference to determine the process to handle volunteers in your building.

*Background checks are required for any volunteer who will have unsupervised time with students, including parents serving as Chaperones on field trips.

*Please note that if someone volunteers every year, they would just need to complete an updated volunteer application and updated emergency contact form each year to keep their volunteer file current.

Field Trip Chaperone Volunteer:

- Building sends originals (application and emergency contact form,) to SAU office via interoffice mail immediately with list of all field trip volunteers for that particular field trip.
- If a person volunteers for multiple field trips, they would be covered for all field trips in that particular school year.

****Important! No volunteer should be performing any duties for the district until they have completed the appropriate paperwork.**

Milford School District
 100 West Street
 Milford, NH 03055
 (603) 673-2202

VOLUNTEER / STUDENT TEACHER / INTERN / OBSERVATION APPLICATION
 (please print clearly or type)

PERSONAL INFORMATION:			
Name:	_____	_____	_____
	<i>(last)</i>	<i>(first)</i>	<i>(middle)</i>
Former Last Name(s)	_____		
Social Security Number:*	_____		
	<i>(*optional)</i>		
Present Address:	_____		
	<i>(street)</i>		
	_____	_____	_____
	<i>(city)</i>	<i>(state)</i>	<i>(zip)</i>
Telephone:	_____		
	<i>(area code)</i>		
E-Mail Address:**	_____		
	<i>**optional)</i>		
Permanent Address: (if different than above)	_____		
	<i>(street)</i>		
	_____	_____	_____
	<i>(city)</i>	<i>(state)</i>	<i>(zip)</i>
Telephone: (if different than above)	_____		
	<i>(area code)</i>		

Please indicate the school building(s) where you will be and the reason(s) for you being there:

- | | |
|-----------------------------|---|
| _____ Heron Pond Elementary | _____ Volunteer: indicate volunteer area or activity: |
| _____ Jacques Elementary | _____ |
| _____ Sage School | _____ Student teacher* |
| _____ Middle School | _____ Internship* |
| _____ High School | _____ Observation* |

Please indicate the time period for which you will be present: (For example, September to December 2013) and the total number of anticipated hours: _____

***If Student Teacher, Observation or Internship:**

List matriculating college, advisor name and advisor phone number at the college:

 Name of the Milford Teacher with whom you will be working: _____

CRIMINAL HISTORY:

Since you will be working with children, you must complete the following:

Have you ever been arrested for or convicted of a violation of the law, other than a minor traffic violation, that has not been annulled by a court? YES _____ NO _____

The Milford School District requires a criminal records check, including fingerprinting, completed prior to start of work in accordance with RSA 189:13-a, for the following individuals:

- Volunteers (who are determined by Building Principal to have *unsupervised contact* with children). (District to pay fee for basic background check but Volunteer to pay fee for information release authorization, if required.)
- All student teachers and interns (student teachers and interns are responsible for the cost of the criminal records check, and a records check must be completed *before* the start of the internship/teaching period).

By signing this application, you are agreeing that all information provided on this application form is accurate and you will comply with all School District Policies and Procedures under the direction of your immediate sponsor at the Milford School District.

SIGNATURE: _____ DATE: _____

TO BE COMPLETED BY BUILDING PRINCIPAL

Who will be responsible for supervising this individual _____

If Volunteer: Will this individual be in *unsupervised contact* with students at any time? _____ YES _____ NO

If individual is a volunteer who will have *unsupervised contact* with children, an intern or a student teacher, a criminal records check is required *before* the individual begins. Please notify individual to contact the Human Resource Office at 673-2202 x3404.

SIGNATURE: _____ DATE: _____

Attn Building Principal: Please return this form to Human Resources Office. Thank you!

TO BE COMPLETED BY HUMAN RESOURCES OFFICE

Is criminal records check required? _____ YES _____ NO

If YES,

_____ Individual has been in contact with HR

_____ Paperwork issued by HR Office

_____ Paperwork returned by individual

Results: _____ State _____ FBI

_____ Individual approved to be in building

SIGNATURE: _____ DATE: _____



Emergency Contact Form

Volunteer Name: _____

Building/School: _____

Emergency Contact Person: _____

Phone Number(s): _____

Volunteer Signature: _____

Date: _____