



## 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.*