



## Volunteer Application (all positions except Basketball Coach or CIT)

Thank you for your interest in volunteering with the Cheshire Parks & Recreation Department. We rely on the support of volunteers at many of our programs; these programs cannot run without the help of dedicated volunteers from the community. While all interest in volunteering is appreciated, it is imperative that the Cheshire Parks & Recreation Department gather more information on prospective volunteers to ensure that interests of program participants are protected.

### Volunteer Guidelines:

- All volunteers must submit a complete application and attach a copy of a photo ID.
- Submit your application at least two weeks prior to the program at which you would like to volunteer.
- Applications are valid for one year and must be submitted annually.
- Upon receipt and acceptance of the application, you will be emailed information and must complete online training(s).
- Some volunteers may have access to communicate with participants and receive notices from our offices through our online registration system ([www.cheshirect.myrec.com](http://www.cheshirect.myrec.com)). Log into your account to make sure your contact information is correct!
- Volunteers under the age of 18 must attach one letter of recommendation from a non-family member.
- Volunteers will be expected to assist with programs and must follow the directions provided by the supervising staff.

### All forms must be completed to be considered a complete application.

#### ***Be sure you have completed all forms in full!***

Please use this checklist to be sure that you have everything

- Volunteer Coach Application Form
- Volunteer Coach Emergency Information Form
- Waiver
- Criminal Background Disclosure
- Background Check Authorization Form (ages 18 & older)
- DCF3031 (ages 18 & older)
- Copy of Photo ID
- Letter of Recommendation (ages 17 & younger)

Thank you for taking the time to help us provide meaningful programming to the Cheshire community!

*This page is intentionally left blank.*



## Volunteer Application

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
City/Zip: \_\_\_\_\_ Phone 2: \_\_\_\_\_  
Email: \_\_\_\_\_

At which program do you want to volunteer? \_\_\_\_\_

Reason for applying: \_\_\_\_\_  
\_\_\_\_\_

### Previous Experience:

Briefly describe your qualifications including any relevant training or certifications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Briefly describe your previous experience including leadership, coaching or volunteer work you have done:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CPR Certified ( Y / N ) Expires: \_\_\_\_\_ First Aid Certified ( Y / N ) Expires: \_\_\_\_\_  
(Please attach copies of certifications)

### References

1. Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Phone: \_\_\_\_\_ Mailing Address: \_\_\_\_\_
2. Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Phone: \_\_\_\_\_ Mailing Address: \_\_\_\_\_



Volunteer Name: \_\_\_\_\_

## Waiver & Photo Policy

In consideration of the Town of Cheshire ("Town") allowing me to volunteer, I acknowledge that I have read and understand the information given including the purpose and scope of the Activity. I certify that I am in good health and physical condition to participate in the Activity. I understand that Activities have categories of inherent risk and that accidents can occur. I must be alert for dangers. I may receive first aid by trained staff when necessary. If I require emergency medical care or emergency transportation, I give permission for Town staff to authorize this care. I hereby Release, Waive and Covenant Not to Sue the Town, its employees, and volunteers (individually and collectively, the "Released Parties"), with respect to any liability, claim(s), demand(s), cause(s) of action, damage(s), loss or expense (including court costs and reasonable attorneys' fees) of any kind or nature ("Liability") which may arise out of, result from, or relate in any way to my participation in the Activity. I acknowledge that I will be giving up substantial legal rights by signing this waiver and I acknowledge that I have signed this Agreement without any inducement, assurance, or guarantee, and intend for my signature to serve as confirmation of my complete and unconditional acceptance of the terms, conditions and provisions of this Agreement. This Agreement represents the complete understanding between the parties regarding these issues, and no oral representations, statements, or inducements have been made apart from this Agreement. If any provision of this Agreement is held to be unlawful, void, or for any reason unenforceable, then that provision shall be deemed severable from this Agreement and shall not affect the validity and enforceability of any remaining provisions.

### Photo Policy

During Town Activities, pictures and/or videos may be taken by staff and these may be used for future promotions; to revoke authorization to use pictures and/or videos email recreation@cheshirect.gov and include the participant's name and the Activity name.

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Emergency Contact Information

 Please list two people to contact in case of emergency or illness.

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

### Health Information (Will be kept on file for emergency use only)

List all information that may be important in case of a medical emergency (i.e. Diabetes, Epilepsy, High Blood Pressure, Allergies, Medications etc.)

---

---

---



## CRIMINAL BACKGROUND DISCLOSURE & REQUIRED STATEMENT

Please read before answering the following questions: (1) You are not required to disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased pursuant to Section 46b-146, 54-76o or 54-142a, (2) that criminal records subject to erasure pursuant to Section 46b-146, 54-76o or 54-142a are records pertaining to a finding of delinquency or that a child was a member of a family with service needs, an adjudication as a youthful offender, a criminal charge that has been dismissed or nulled, a criminal charge for which the person has been found not guilty or a conviction for which the person received an absolute pardon, and (3) that any person whose criminal records have been erased pursuant to Section 46b-146, 54-76o or 54-142a shall be deemed to have never been arrested within the meaning of the general statutes with respect to the proceeding so erased and may so swear under oath.

1. Have you ever been convicted of a crime (excluding minor traffic violations)?  
\_\_\_\_\_ No \_\_\_\_\_ Yes (Note: a conviction is not an absolute ban)
2. Are there currently any criminal charges pending against you? \_\_\_\_\_ No \_\_\_\_\_ Yes
3. Are you now the subject (in Connecticut or any other jurisdiction) of an investigation related to possible employment termination or revocation, suspension or annulment of any educator certification or licensure? \_\_\_\_\_ No \_\_\_\_\_ Yes
4. Have you ever been dismissed for cause from a position in a public or non-public school or child-care or recreational facility? \_\_\_\_\_ No \_\_\_\_\_ Yes
5. Have you ever been the subject of an allegation of abuse or neglect or sexual misconduct for which there is an investigation currently pending with any current or prior employer, state agency or municipal police department or which has been substantiated? \_\_\_\_\_ No \_\_\_\_\_ Yes
6. Have you ever been disciplined or asked to resign from employment or resigned from or otherwise separated from any employment while an allegation of abuse or neglect or sexual misconduct was pending or under investigation, or due to a substantiation of abuse or neglect or sexual misconduct?  
\_\_\_\_\_ No \_\_\_\_\_ Yes
7. Have you ever had a professional or occupational license, certificate, authorization or permit suspended or revoked or ever surrendered such a license, certificate, authorization or permit while an allegation of abuse or neglect or sexual misconduct was pending or under investigation, or due to a substantiation of abuse or neglect or sexual misconduct? \_\_\_\_\_ No \_\_\_\_\_ Yes

Write your explanation(s) below for any of the questions that you answered with "Yes":

---

---

---

---

---

The Town reserves the right to conduct a record check with our local police department. By signing below, I certify the above information is true.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Printed Name: \_\_\_\_\_

*This page is intentionally left blank.*

Connecticut Department of Children and Families  
**AUTHORIZATION FOR DCF CPS BACKGROUND CHECK (Central Registry Only)**

DCF-3031  
 7/2022 (Rev.)



I, (*Applicant Name*): \_\_\_\_\_ do hereby authorize the Department of Children and Families to research its records and if applicable request out of state checks, 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 for (check one):  
 Employment    Day Care    Volunteer    Intern    Mentor    Other

I release the Department of Children and Families from any liability for any damages I may incur because of the release/use of this information.

Name of Agency (requesting background check)		Attention:		
Address: (No. and Street):		City:	State:	Zip:

I submit the following information to assist the Department of Children and Families in their search.

Applicant Last Name:		Applicant First Name:		Middle:		DOB:	
Applicant Address: (No. and Street):		Apt. #	City:	State:	Zip:	Start date at current address: (mm/dd/yyyy)	

List all previous applicant addresses for the last five years  Check if an additional sheet is necessary, and attached

Address (No. and Street):	Apt. #	City:	State:	Zip:	Dates From: (mm/dd/yyyy)	To (mm/dd/yyyy)

Other names I have used (including preferred names, maiden, and previous marriages)  Check if an additional sheet is necessary, and attached

Last Name:		First Name:		Middle Name:	

Names of ALL children - biological/step (Including adult children in or out of the home)  Check if an additional sheet is necessary, and attached

Last Name:	First Name:	Middle:	DOB:	Gender:
				<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other
				<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other
				<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other

This authorization will expire 180 days after the date of the signature

Applicant Signature:	Date:

Submit at <https://portal.dcf.ct.gov/Portal/Main/#dashboard>. To enroll your agency in the portal, please contact [bgc.verification@ct.gov](mailto:bgc.verification@ct.gov).

For questions or support, please contact the Background Check Unit at [bgc.verification@ct.gov](mailto:bgc.verification@ct.gov).

## **DCF-3031 - Office Use Only:**

Date Form Received: \_\_\_\_\_

Date Entered into DCF Portal: \_\_\_\_\_

Date Report Received: \_\_\_\_\_

**FCRA NOTICE – BACKGROUND INVESTIGATION**

In connection with your application with Town of Cheshire Parks & Recreation Department (the “Company”), this notice is intended to inform you that a consumer report will be obtained on you from a consumer reporting agency for employment purposes. These purposes may include hiring, retention, promotion or reassignment. The report may contain information about you relating to your criminal information or history, driving and/or motor vehicle records, verification of your education or employment history, social media or other background check.

**AUTHORIZATION FOR BACKGROUND INVESTIGATION**  
**(complete if 18 years of age or older)**

By signing below, you hereby authorize the obtaining of consumer reports by the Company at any time after receiving this authorization and throughout the course of your employment.

You understand that the scope of your authorization is not limited to the present and, if you are selected, will continue throughout the course of your service, and allow the Company to conduct future screenings for retention, promotion or reassignment, as permitted by law and unless revoked by you in writing.

I hereby authorize the obtaining of consumer reports by the Company at any time after receipt of this authorization. To this end, I authorize any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Protect Youth Sports and/or the Company.

Signature:	Date:
Full Legal Name:	Social Security Number:
Full Maiden Name and/or other Aliases*:	
Date of Birth:	Email Address:
Phone Number:	Current Address:
Driver License # and State of Issuance:	Previous Address(es) within last 5 years*:
<input type="checkbox"/> Check here if you do not have a Driver License.	

\*Attach additional sheets as needed to provide all required information.

# Background Investigation - Office Use Only:

Date Form Received: \_\_\_\_\_

Date Entered into AVERITY: \_\_\_\_\_

Billing Reference:

- Artsplace Employee
- Pool Employee
- Recreation Employee
- Basketball Coach Volunteer
- Other Volunteer

Training:

- Employee
- Volunteer
- None

Date Report Received: \_\_\_\_\_