



70 South Main Street
East Windsor, CT 06088

ADMINISTRATION

Christine DeBarge, Ed. D
Superintendent of Schools
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860.623.3346

Ms. Laurie A. Slate
Human Resource Manager
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August 24, 2018

Dear Volunteers/Chaperones:

In keeping with East Windsor Public Schools mission to create and maintain a safe environment for our students we will be requiring background checks including Department of Children & Families background searches.

Prior to volunteering/chaperoning at any of the East Windsor Public Schools, please pick up the form in the school office or download the form from the school website under "Parents & Students", then "Forms". The completed form must be returned to Ms. Slate at the Central Office, 70 South Main Street, East Windsor, CT 06088.

Please allow 4 business days for processing. You may contact your school's office to find out if you have been approved to volunteer/chaperone.

Thank you for your time and efforts on behalf of the students of the East Windsor Public Schools.

Sincerely,

Laurie A. Slate
Human Resource Manager



Authorization for Release of Information for DCF CPS Search

DCF-3031
12/15 (Revised)

I, _____ (Type Applicant Name) do hereby authorize the Department of Children and Families to research

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 (check one): Employment Day Care Volunteer Intern Mentor Other

By: Agency Name / Address/City / State / Zip Code
 Attention: East Windsor Public Schools
 Agency: Human Resource Department
 Address: 70 South Main Street
 City: East Windsor, CT 06088
 State: _____ Zip Code: _____

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 Dept. of Children and Families in their search.

PLEASE TYPE OR PRINT LEGIBLY / LEAVE NO BLANK SPACES

Name: _____ Date of Birth: _____
 Last, First Middle
 Address: _____ Social Security #: _____
 Street (No P.O. Boxes) Apartment No.
 City State Zip Code
 How Long at Current Address: _____ Yrs. Mos.

Previous Address(es)/List All for the Last Five Years (continue on reverse side of form if necessary)						<input type="checkbox"/> Check if reverse side used	
Street (No P.O. Boxes)	Apt. #	City/Town	State	Zip Code	Dates		
					From (Month/Yr.)	To (Month/Yr.)	

Other Names I have Used – Including Maiden, Previous Marriages(s)			<input type="checkbox"/> Check if reverse side used
Last	First	Middle	

Name of Spouses/Other Adults in the Home – Past and Present					<input type="checkbox"/> Check if reverse side used
Last	First	Middle	D.O.B. Month/Day/Year	Signature/Date (If Still in the Home)	

Names of ALL Child(ren) – Biological, Stepchildren Including Adult Children In or Out of the Home						<input type="checkbox"/> Check if reverse side used
Last	First	Middle	Gender	D.O.B. (Month/Day/Year)		

Do you have an active DCF investigation at this time? Yes No
 Do you have an active appeal of a DCF investigation at this time? Yes No

Date: _____ Applicant Signature: _____

THIS AUTHORIZATION WILL EXPIRE 180 DAYS AFTER THE DATE OF THE SIGNATURE. FORMS NOT FILLED OUT **COMPLETELY** AND PRINTED **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

DCF-CT Careline CPS-BGC USE ONLY DO NOT WRITE BELOW THIS LINE

DATE: _____ Central Registry: YES ___ NO ___ Processor's Initials: _____