



**East Windsor**  
**PUBLIC SCHOOLS**  
*Inspiring Growth. Achieving Success.*

70 South Main Street  
East Windsor, CT 06088

**Patrick Tudryn, Ed. D**  
*Superintendent of Schools*  
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**Lauren Wilcox**  
*Human Resource Director*  
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70 South Main Street  
East Windsor, CT 06088  
**860.623.3346 Ext. 7408**  
**860.292.6817 Fax**

September 26, 2022

Dear Volunteers and Chaperones:

East Windsor Public Schools gladly welcomes volunteers and chaperones for school-based needs. In keeping with East Windsor Public Schools mission to create a safe and nurturing environment for students, we require the Department of Children and Families (DCF) background searches every two (2) years. All volunteers and chaperones will need to complete new DCF background checks for the 2022-2023 school year; even if you have previously completed a check within the last two (2) years.

Prior to volunteering or chaperoning, please complete the DCF-3033 form located in the school office or download the form from [eastwindsork12.org](http://eastwindsork12.org) under "Parents" and by selecting "Volunteer Form" on the lower right-hand side of the page. Completed forms must be returned to Lauren Wilcox either via email or in-person at our Central Office location, 70 South Main Street, East Windsor, CT 06088. If you are planning to bring your completed form in-person, please reach out to Lauren Wilcox to ensure availability.

Processing of the background checks may take up to 5 business days. After 5 business days, you may contact your school's main office to find out if you are approved to volunteer/chaperone.

With COVID-19 making a lasting impact in our communities and schools, East Windsor Public Schools strives to maintain a safe environment for all students and staff to the fullest extent possible. Although we are not requiring vaccination of our chaperones/volunteers, we do highly encourage our volunteers and chaperones to be vaccinated. Those who are vaccinated may provide their vaccination status to HR when completing their DCF form.

Protocol for COVID-19:

We ask that if you have been in close contact or are symptomatic to please refrain from assisting in the schools for a 10-day window from when symptoms or contact occurred. Should you need to cancel due to illness or close contact, please contact your school's main office to let them know as soon as possible in order to arrange coverage. COVID-19 protocols may be subject to change based on current trends.

Thank you for your time, effort and dedication to the students of East Windsor Public Schools.

Sincerely,

Lauren Wilcox  
Director of Human Resources  
East Windsor Public Schools  
[Lauren.wilcox@ewct.org](mailto:Lauren.wilcox@ewct.org)  
Ph: 860-623-3346 ext. 7408  
Fax: 860-292-6817

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) <b>East Windsor Public Schools</b>		Attention: <b>Lauren Wilcox</b>		
Address: (No. and Street): <b>70 South Main Street</b>		City: <b>E. Windsor</b>	State: <b>CT</b>	Zip: <b>06088</b>

**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:	Start date at current address: (dd/mm/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: (dd/mm/yyyy)	To (dd/mm/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).**