

**TRUMBULL PUBLIC SCHOOLS  
TRUMBULL, CONNECTICUT**

**SCHOOL VOLUNTEER SECURITY CHECK**

**\*Please print clearly**

NAME: \_\_\_\_\_

RELATIONSHIP TO STUDENT(S) \_\_\_\_\_

NAME OF STUDENT(S) IF APPLICABLE \_\_\_\_\_

\_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

SCHOOL(S) YOU VOLUNTEER AT:

\_\_\_\_\_

I give permission for the Trumbull Public Schools to complete a security check to verify that I have not been prosecuted for any criminal charges that would jeopardize the safety and security of children in the Trumbull Public Schools. All information obtained will be kept confidential and filed in the Trumbull Public Schools Human Resources Office.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

Completed form must be sent to the Human Resources Office, Trumbull Public Schools, 6254 Main Street, Trumbull, CT 06611 for processing. Volunteers must not begin volunteering until receiving notification of approval.