



PO Box 58
Tolland, CT 06084

HELPING PARENT VOLUNTEER FORM

We appreciate your willingness to volunteer at the Tolland Cooperative Preschool as a helping parent. Please complete this form and return it to the Membership Chairperson at least two weeks prior to your assigned helping parent day.

Full Name: _____

***Please list any former names on the back of the page

Address: _____

Telephone (home): _____ (cell): _____

Driver's License Number and State: _____

Date of Birth: _____

Occupation: _____

Special Certification (i.e. CPR, First Aid, etc.): _____

By signing below, I hereby voluntarily authorize the Tolland Cooperative Preschool, its officers, members and employees, to conduct a background check on me, which may include a review of sex offender registries, child abuse and criminal history records. I hereby release and hold harmless from liability the Tolland Cooperative Preschool, the officers, employees, and members thereof, or any person or organization that may provide such information, from any and all liability for damage of whatever kind which may at any time result to me, my heirs or assigns, because of compliance with this authorization, the conduct of this background check, the release of information relating to it and/or any attempt to comply with it.

Signature

Date

Print Name