

## Guidelines and Requirements for Volunteer Drivers

### Guidelines for Volunteers/Chaperones

All volunteers must complete a CORI (Criminal Offender Record Information) or background check authorization form prior to volunteering. The CORI Authorization Form must be signed and witnessed by designated NPS school personnel in person at the time of submission. A valid, government issued photo identification must also be shown at time of submission. All volunteers must pass a CORI background check to volunteer.

Volunteers must follow all policies and practices of Newton Public Schools. For information about NPS policies, protocols, and other NPS protocols and practices, please see the NPS website, [www.newton.k12.ma.us](http://www.newton.k12.ma.us).

Volunteers may become aware of confidential student information and must not disclose such confidential information except to NPS employees who have a need to know.

Volunteers should not photograph or video students unless authorized by the principal or designated staff. Volunteers should not share or disseminate photographs or videos of students.

### Rules and Requirements for Volunteer Drivers

To ensure safety of all students, volunteer drivers must meet the following requirements when transporting students in their own private vehicle.

- Must pass CORI background check;
- Have a valid U.S. Driver's License and be at least 21 years of age;
- Not have received more than one moving violation in the past 12 months, or more than two in the last 36 months.
- No felony convictions or DUI violations involving the use of a motor vehicle
- Have up-to-date insurance coverage with a minimum of \$100,000 per person/\$300,000 per occurrence for bodily injury;
- Drive a safe vehicle, with working seat belts, and drive only as many passengers as seat belts.
- Must only proceed directly to and from the field trip/activity destination and will not make any unauthorized stops;
- No smoking in vehicle - this includes e-cigarettes and/or vaping;
- No texting;
- Only hands-free cell/mobile phone use is allowed; and
- May not have a child as a sole passenger unless it is your child.



CHAPERONE/VOLUNTEER DRIVER APPLICATION

Volunteer Driver Information		
Last Name	First Name	Middle Name
Address:		
City	State	Zip Code
Contact Information		
Cell Phone	Home Phone	Email
Emergency Contact		
Name	Cell Phone	
Children Enrolled in the Newton Public Schools		
Child's Name	School Name/Location	Grade

**CHAPERONE/VOLUNTEER DRIVER LICENSE AND VEHICLE REGISTRATION FORM**

All volunteer drivers, including staff and/or parents, must be responsible adults and must complete this form, provide proof of a valid driver's license and required automobile insurance, agree to a CORI background check if one has not already been conducted, and agree to comply with the Rules for Volunteer Drivers. This form needs to be completed, submitted, and on file annually.

Volunteer Driver License Information			
Last Name	First Name	Middle Name	Date of Birth
License #	Expiration Date	State of Issuance	
Vehicle Information			
Make	Model	Year	
License Plate #	# of Working Seatbelts		
Automobile Insurance Information			
Name of Insured	Insurance Company Name	Policy #	
Expiration Date	Coverage Limit: Bodily Injury (Individual/Occupant):		

\*\*\*\*COPY OF LICENSE AND AUTOMOBILE INSURANCE MUST ACCOMPANY THIS FORM\*\*\*\*

I certify the above information is correct and the insurance coverage on the above vehicle is in force. I further certify that the above vehicle is mechanically safe. I understand that I must have liability insurance coverage in force and agree to advise NPS, in writing, of any changes to the above information. I further understand that I must proceed directly to and from the field trip destination, and that no unauthorized stops shall be made. I will comply with all traffic laws.

I understand that I shall not have a child as a sole passenger except if the child is my own. I understand that when driving my own vehicle on school-related business, including field trips, and I am involved in an accident, my insurance will be used. NPS does not cover, nor is responsible for, comprehensive and collision damage to my vehicle.

I hereby release, hold harmless, defend and indemnify the City of Newton and its departments, including the Newton Public Schools, its officers, employees, and agents from liability arising out of personal injuries and/or property damage resulting from or in any way connected to my voluntary provision of transportation to, from and during any field trip.

I have read and understood the Guidelines and Requirements for Volunteer Drivers and the Newton Public Schools Field Trip Policy and Guidelines.

Driver's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Please Print

Driver's Signature: \_\_\_\_\_

**NEWTON PUBLIC SCHOOLS  
Criminal Offender Record Information (CORI) Acknowledgement Form**

TO BE USED BY ORGANIZATIONS CONDUCTING CORI CHECKS FOR EMPLOYMENT,  
VOLUNTEER, SUBCONTRACTOR, LICENSING, AND HOUSING PURPOSES

**City of Newton – Newton Public Schools (NPS)** is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to **NPS** to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing **NPS** with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY: The **NPS** may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that **NPS** must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided below this Acknowledgement Form is true and accurate.

\_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE

**SUBJECT INFORMATION**

\* Please be aware that if any information is incomplete this CORI can not be processed.

	carpool driver	yes
School/Location:	Specify: Present or Desired Position with NPS	Volunteer (Yes or No)

Name:	First	Middle	Last	Suffix
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Maiden Name (or other name(s) by which you have been known): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Social Security No. \_\_\_\_\_

Gender: \_\_\_\_\_ Race: \_\_\_\_\_ Eye Color \_\_\_\_\_ Height: \_\_\_\_\_ ft. \_\_\_\_\_ in.

Father's name: Last: \_\_\_\_\_ First: \_\_\_\_\_

Mother's Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Maiden: \_\_\_\_\_

**Current** Address: No. & Name, City/Town, State Zip: \_\_\_\_\_

**Former** Address: No. & Name, City/Town, State Zip: \_\_\_\_\_

Telephone # \_\_\_\_\_ Driver's License or ID Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

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The above information was verified by reviewing the following form(s) of government issued identification (attached): \_\_\_\_\_

VERIFIED BY: _____	_____
Name of NPS Verifying Employee (Please Print)	Signature of Verifying Employee

**COMMONWEALTH OF MASSACHUSETTS  
SEX OFFENDER REGISTRY BOARD  
REQUEST FOR SEX OFFENDER REGISTRY INFORMATION**

Please check appropriate box: I am a School Volunteer/Contractor:

I am a School Employee/Applicant:

Name (PLEASE PRINT): \_\_\_\_\_

School/Location: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Address: \_\_\_\_\_

**Personal identifying characteristics:**

Gender: \_\_\_\_\_ Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Optional information (e.g. license plate number, parents' names, etc.):

\_\_\_\_\_  
\_\_\_\_\_

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

**\*\*\*\*\*WARNING\*\*\*\*\***

**SEX OFFENDER REGISTRY INFORMATION SHALL NOT BE USED TO COMMIT A CRIME OR TO ENGAGE IN ILLEGAL DISCRIMINATION OR HARASSMENT OF AN OFFENDER. ANY PERSON WHO USES INFORMATION DISCLOSED PURSUANT TO M.G.L. C. 6, §§ 178C – 178P FOR SUCH PURPOSES SHALL BE PUNISHED BY NOT MORE THAN TWO AND ONE HALF (2 ½) YEARS IN A HOUSE OF CORRECTION OR BY A FINE OF NOT MORE THAN ONE THOUSAND DOLLARS (\$1000.00) OR BOTH (M.G.L. C. 6, § 178N). IN ADDITION, ANY PERSON WHO USES REGISTRY INFORMATION TO THREATEN TO COMMIT A CRIME MAY BE PUNISHED BY A FINE OF NOT MORE THAN ONE HUNDRED DOLLARS (\$100.00) OR BY IMPRISONMENT FOR NOT MORE THAN SIX (6) MONTHS ( M.G.L. C. 275, § 4).**

**All requests for sex offender information must be made on this form and mailed to the Sex Offender Registry Board, Attn: SORI Coordinator, P.O. Box 4547, Salem, MA 01970, along with a self-addressed stamped envelope.**

I hereby request that the following information be used to determine whether the identified individual is a sex offender required to register in Massachusetts.

The Board will provide a report that includes the following information: whether the person identified is a sex offender with an obligation to register, the offense(s) for which the offender was convicted or adjudicated, and the date(s) of the conviction(s) or adjudication(s). Please be advised that the law only permits the public to receive information on sex offenders required to register and finally classified by the Board as a level 2 (moderate risk) or level 3 (high risk) offender. Therefore, information is not available to the public if the identified individual is a level 1 (low risk) offender or if he/she has not yet been finally classified by the Board. All requests shall be recorded and kept confidential, except to assist or defend in a criminal prosecution.

**Requestor's name:** Heather A. Richards

**Address:** Newton Public Schools, 100 Walnut Street, Newton, MA 02460

**Telephone number:** 617-559-6005

I swear under the pains and penalties of perjury that I am the above-named person, at least 18 years of age, and I am requesting information for my own protection, the protection of a child under 18 years of age, or for the protection of another person for whom I have responsibility, care or custody.

**Requestor's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_