VERNON PUBLIC SCHOOLS

Clear Fields

Office of the Superintendent
30 Park Street • P.O. Box 600
Vernon, CT 06066-0600
Fax (860) 870-6005
Website: www.vernonpublicschools.org

Application

Internship, Job Shadow, Observation & Student Teaching

Name: _____ (Last) _____ (First) _____ (M.I.)

Address: _____ (Street) _____ (Apt.) _____ (City) _____ (State) _____ (Zip)

Contact Info: _____ (Home phone) _____ (Cell phone) _____ (Email address)

Indicate what you are applying for: ☐ Internship ☐ Job Shadow ☐ Observation ☐ Student Teaching

Indicate area & grade(s) of interest: _____ (Subject/occupation of interest) _____ (Grade(s) of interest)

Indicate assignment duration: _____ (Assignment start date) _____ (Assignment end date)

Indicate school and degree program: _____ (College/University) _____ (Program of study)

An unofficial transcript is required

Program Contact: _____ (Name) _____ (Phone #) _____ (Email address)

Connecticut Public Act 93-328 – An Act Concerning Applicants for School Employee Position:
The Vernon Public School District has a responsibility to comply with Federal and State mandated regulations. For the **safety of our children**, we ask your cooperation in completing the following information to help us meet the requirements pursuant to Connecticut General Statutes, even though you are not actually an employee of VPS.

1. Were you ever known by any **other name**? ☐ Yes ☐ No _____ (If **Yes**, please list name(s))

2. Have you ever been **convicted** of a crime, either within or outside of CT? ☐ Yes ☐ No
If **yes**, please attach a separate sheet of paper identifying the approximate date, location and nature of each conviction.

3. Are any criminal charges **pending** against you either within or outside the State of CT? ☐ Yes ☐ No
If **yes**, please attach a separate sheet of paper identifying the jurisdiction in which charges are pending, the nature of the charges and an explanation.

Agreement:

As a guest of the Vernon Board of Education, I agree to act within the scope of the duties assigned by the area supervisor. Furthermore, I hereby certify that there are no willful misrepresentations or falsifications of the statements and answers to questions in this application. I am aware that should investigation of this application disclose such misrepresentation or falsification that would in any way endanger children or inhibit the mission of the Vernon Public Schools, the authorization to continue field/course work in the school system will be withdrawn immediately.

_____ **Applicant's Signature** _____ **Date**

District Use Only:

☐ **Placed** **Location:** ☐ CRS ☐ LHS ☐ LSS ☐ MSS ☐ NES ☐ RHS ☐ SRS ☐ VCMS

Teacher/Mentor: _____

Documents Received: ☐ Resume ☐ Unofficial Transcript ☐ DCF Background Check
☐ Fingerprint Release/Disclosure and Release form

☐ **Not Placed** **Reason:** _____