

2017 – 2018 Dartmouth Destination ImagiNation Team Manager Registration

To become a Team Manager for a Dartmouth Public Schools DI team for the 2017-18 Destination ImagiNation season, please complete this registration form and a CORI form, if you have not done so since October 2014, and submit both to any Dartmouth Public School's office or the Administration Building at 8 Bush Street no later than Friday, September 29, 2017.

Name: _____

Primary phone #: _____ Email: _____

Address: _____

___ I am submitting a CORI form with this registration.

___ I submitted a CORI form to the Dartmouth Public Schools in _____, 20____.

I have / have not managed a Destination ImagiNation team before.

I would like to co-manage a team with _____.

I would like to manage a team at the Early Learning / Elementary / Middle / Secondary Level.

I intend / do not intend to attend MADI Team Manager training #1 in the fall, date TBD (typically a Saturday in October or November).

I intend / do not intend to attend MADI TM training #2 in the winter, date TBD (typically a Saturday in January).

___ I plan to hold meetings in my home.

___ I prefer to hold meetings at _____ School.

T-Shirt Size: Adult S Adult M Adult L Adult XL

In order to solve their challenges, each team must buy the supplies they need. The School Department will reimburse Team Managers for the supplies they buy up to the amount allowed by their team's challenge budget. For example, if your team's challenge has a budget of \$125, you may be reimbursed up to \$125. You will need to turn in copies of your receipts and will receive repayment in 2 – 6 weeks. You may send in your receipts as you go along or in one batch at the end of the season. If your team's challenge does not have a budget, such as Early Learning, you may submit receipts up to \$75. *Receipts may not include snacks or travel.

You should also know that each team who participates in a MADI regional tournament must provide one adult volunteer to work at ANY tournament, usually as an "appraiser". (DI does not "judge" students; it "appraises" their solutions.) This requirement is mandated by MADI and there is a financial penalty to each team that does not provide an appraiser AND that team will be deemed "non-competitive" at its tournament.

If you have any questions, please contact
Casey DeMello at cdemello35@gmail.com or (508) 985-8438.



Dartmouth Public Schools
 8 Bush Street, Dartmouth, MA 02748
 Phone: 508-997-3391 Fax: 508-991-4184
 Website: dartmouthps.schoolfusion.us

**CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGMENT
 FORM**

Please complete and sign the acknowledgement forms and submit, in person, along with your driver's license or other government issued identification.

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

DARTMOUTH PUBLIC SCHOOLS is registered under the provision 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 DARTMOUTH PUBLIC SCHOOLS 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 the DARTMOUTH PUBLIC SCHOOLS with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY: The DARTMOUTH PUBLIC SCHOOLS may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that the DARTMOUTH PUBLIC SCHOOLS 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 on Page 2 of this Acknowledgment Form is true and accurate.

 Signature

 Date

REASON FOR CORI REQUEST

- Volunteer Chaperone Pre-Practicum Employment Position: _____
- Substitute (*Choose one: Teacher, TA, Nurse, Monitor, Custodian, Food Service*)

If applicable:

School: _____

Child's Name: _____

"Quality Education for All Learners"

The Dartmouth Public Schools, in partnership with parents and the community, will deliver challenging, standards-based instruction for all students that fosters academic, physical, social and emotional development. Utilizing data analysis to drive instruction, we will implement specific strategies to support every student to think critically, solve problems and become a responsible, contributing citizen. Our high school graduates will possess the required skills and knowledge necessary to thrive in their academic and vocational ambitions.



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Last Name First Name Middle Name Suffix

Maiden Name (or other names(s) by which you have been known)

Date of Birth

Place of Birth

Primary Phone Number

Email address

Last six (6) digits of your Social Security Number: XXX- _____

Sex: _____ Height: _____ ft. _____ in. Eye Color: _____ Race: _____

Driver's License or ID Number: _____

Mother's Full Maiden Name

Father's Full Name

Current Address:

Street Number and Name

City/Town

State

Zip

Former Address:

Street Number and Name

City/Town

State

Zip

OFFICE USE ONLY

GOVERNMENT ISSUED IDENTIFICATION USED TO VERIFY INFORMATION

Valid Driver's License _____ **Passport** **Government Issued Photo Identification Card**
State

VERIFIED BY: _____

Name of Verifying Employee (Please Print)

Signature of Verifying Employee

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