# Necessary paperwork to be completed by Summit Volunteers "supervising students" as required by the State and the Summit Board of Education: (MOBILE UNIT)

Please read all information (below and attached) before scheduling your appointment and completing the required paperwork. Appointments are scheduled at 5 minute intervals. The mobile unit will be at the Board Office on Thursday, February 23, 2017, and Thursday, March 9, 2017, between the hours of 9 a.m. and 4:35 p.m. (no appointments will be scheduled between the hours of 12:20 to 1:15 p.m.)

Parents must call me in advance to secure an appointment for the mobile unit, and then complete the required paperwork to return to the Board Office. I will start accepting phone calls for appointments as of Tuesday, January 3, 2017.

Parents who wish to be fingerprinted in **February** would have to have their paperwork and **money order** back to me by **Monday**, **February 5**, **2017**. Parents who wish to be fingerprinted in **March** would have to have their paperwork and **money order** back to me by **Thursday**, **February 15**, **2017**.

- 1. Criminal History Record Check: See Attached
- **2.** At the time of fingerprinting identification is required. Acceptable ID requirements: valid photo driver's license or U.S. Passport.
- 3. Complete "In Case of Emergency" form.

NOTE: Within 2-3 weeks from the date you are printed, you may go back to the Criminal History Review website and print a copy of your criminal history clearance letter (click on Applicant Approval Employment History). Upon receipt, please provide a clear hard copy (showing the center seal) of your criminal history clearance letter to the Board Office.

The above paperwork must be completed prior to volunteering.

All paperwork must be returned to Valerie Bampe at the Board Office (see schedule above), at 14 Beekman Terrace. We are attached to The Summit Primary Center at Wilson. Should you have any questions, please call Valerie at (908) 918-2100, ext. 3208 or send an e-mail to vbampe@summit.k12.nj.us.

Revised: 10/27/16

### FINGERPRINTING PROCEDURES – <u>PARENT VOLUNTEERS</u> – MOBILE UNIT October 27, 2016

#### http://www.nj.gov/education/educators/crimhist

- Select: File Authorization and Make Electronic Payment for Criminal History Record Check
- Select: New Administration Fee Request & Click on Link #1
- <u>Complete:</u> the *Applicant Authorization & Certification (AA&C)* form and make the required administrative fee payment with a credit or debit card. The fee will be \$11.00.

After the administrative fee payment has been approved, the applicant will:

**Print** the *Applicant Authorization & Certification (AA&C)* confirmation page. You must provide the Board Office with a hard copy of your confirmation of payment.

Complete and **print** the *IdentoGO NJ Universal Fingerprint form – please bring this form with you for your appointment along with a <u>Money Order</u> (no other method of payment is accepted), payable to MorphoTrust in the amount of \$10.75. If your bank charges a fee for money orders, you may also obtain a money order from the Post Office.* 

#### Important information for completing the IdentoGO NJ Universal Fingerprint form:

	Volunteers	
<b>County Code</b>	39	
District Code	5090	
riginating Agency # NJ930100Z		
Category	EDV	
Statute #	18A:6-7.2	
Document Type VB1		
Reason for Employment	DOE Volunteer	
<b>Employer Name</b>	Summit Public Schools	
Employer Address	14 Beekman Terrace, Summit, NJ 07901	

#### **AFTER YOUR APPOINTMENT:**

The Federal Bureau of Investigation and the NJ State Police will conduct a criminal history record search. Within 2-3 weeks from the date you are printed, you may go back to the Criminal History website (click on Applicant Approval Employment History) and print a copy of your criminal history clearance letter. This letter indicates the search is complete and you have been approved to volunteer for the Summit Public Schools. We **MUST** receive a copy of your approval letter in order for you to move forward as a parent volunteer.

## SUMMIT PUBLIC SCHOOLS DISTRICT EMERGENCY FORM

(Please type and/or print clearly)

VOLUNTEERS: Emergencies such as sudden illness, injuries, etc., are bound to arise. It is important, therefore, that certain information be available. Please complete this form and return with your volunteer paperwork.

Name of Volunteer		
	(Last Name)	(First Name)
Address	(5)	
	(Street)	(City)
		Cell Phone ()
PERSON TO BE N	OTIFIED IN CASE O	F EMERGENCY:
Name		Relationship
Address		
	(Street)	(City)
Home Phone (	)	Cell Phone ( )
		E-Mail:
ALTERNATE CON	TACT:	
Name		Relationship
Address	(Street)	
	(Street)	(City)
Home Phone (	)	Cell Phone ( )
		E-Mail:
PHYSICIAN TO BE	E CALLED IN CASE (	OF EMERGENCY: OPTIONAL
Name		
Address	0	
	(Street)	(City)
Telephone(	)	

IF ANY CHANGE SHOULD BE MADE IN THE ABOVE INFORMATION, PLEASE NOTIFY THE BOARD OFFICE OR YOUR BUILDING SECRETARY.

Rev. 09/17/10