

SUMMIT BOARD OF EDUCATION
14 BEEKMAN TERRACE
SUMMIT, NJ 07901-1702

**Necessary paperwork to be completed by Summit Volunteers
“supervising students” as required by the State and the
Summit Board of Education: (PRIVATE PRINT)**

- **Fingerprinting Procedures attached. Please make sure to classify your job category as that of **VOLUNTEER**.**

You must provide the Board Office with a copy of your confirmation of electronic payment for Criminal History Record Check. Once you have been printed, you must also bring your Idemia (formerly known as MorphoTrust) form with receipt back to the Board Office.

- Complete “In Case of Emergency” form.
- *Within 2-3 weeks of your print, you may go back to the Criminal History Review website and print a copy of your criminal history clearance letter. See Applicant Approval Employment History. The state no longer sends these via US mail. The Board Office does not receive a copy. Upon receipt, please provide a clear hard copy (showing the center seal) of your criminal history clearance approval to the Board Office.*

The above paperwork must be completed prior to volunteering.

Please return all documents to Valerie Bampe at the Board Office, 14 Beekman Terrace. Should you have any questions, please call Valerie at (908) 918-2100, ext. 3208. You may also e-mail me at vbampe@summit.k12.nj.us

FINGERPRINTING PROCEDURES – VOLUNTEER PARENTS – PRIVATE PRINT

Revised: April 12, 2022

All new Application Requests, Archive Application Requests, Duplicate Approval Letter Requests, School Bus Drivers applying for initial school bus endorsement or renewing their driver's license MUST submit their Applicant Authorization and Certification by going through the on-line process available through the Criminal History Review website:

<http://www.nj.gov/education/educators/crimhist>

- **Select: *File Authorization and Make Electronic Payment for Criminal History Record Check***
- **Select: *New Administration Fee Request & Select #1 – Select Job Category: Volunteer. The county code for Union is (39) and the District (Summit City) is 5090.***

OR 'Archive Application Request' You must have been previously printed & approved through the Dept. of Ed. after Feb. 2003 in order to proceed with the Archive process. Follow the simple directions. The fee will be **\$29.75**. You will need your original PCN.

- **Complete:** 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:

1. **Print** their ***Applicant Authorization & Certification (AA&C)*** confirmation page
2. Complete and **print** the **Idemia** (formerly known as ***IdentoGO***) ***NJ Universal Fingerprint form***.
The fee will be: **\$21.41 (Note: fees are subject to moderate change)**.
3. Schedule the **Idemia** (***formerly known as MorphoTrust***) ***fingerprinting appointment***. Bring all confirmation forms to your appt.

AFTER YOUR APPOINTMENT:

The Federal Bureau of Investigation and the NJ State Police will conduct a criminal history record search. In a few weeks you will be able to print your criminal history approval letter from the State of New Jersey indicating your search is complete and you have been approved work for the Summit Public Schools. We **MUST** receive a copy of your approval letter in order for your employment to go forward.



Summit Board of Education

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District Policy

8660- TRANSPORTATION BY PRIVATE VEHICLE (M)

Section: Operations
Date Created: November 2010
Date Edited: November 2010

M

The Board of Education authorizes the transportation by private vehicle of pupils of this district between the school and a school activity. Any such transportation must be approved in advance and in writing by the Principal.

No person shall be approved for the transportation of pupils in a private vehicle who is not an employee of this Board or the parent(s) or legal guardian(s) of a pupil enrolled in this district or a person known to the Principal. Each such person shall be the holder of a currently valid license to operate a motor vehicle in the State of New Jersey, a valid New Jersey motor vehicle registration, and a valid insurance certificate.

Further, each volunteer driver is required by the Board to have automobile bodily-injury liability insurance with limits of at least \$100,000 each person and \$300,000 each occurrence, and property damage liability insurance with limits of at least \$10,000 each occurrence. Board "volunteer drive endorsement" insurance coverage takes over when and if the volunteer driver's coverage is insufficient beyond the Board's required coverage.

Any private vehicle used for the transportation of pupils must conform to registration, inspection, and insurance requirements of the State of New Jersey for privately owned vehicles.

Pupils who are transported in private vehicles, who are under the age of eight years and who weigh less than eighty pounds, shall be secured in a child passenger restraint system or booster seat, as described in Federal Motor Vehicle Safety Standard Number 213, in a rear seat.

Any such vehicle must be equipped with seat belts for the driver, and each intended passenger and all passengers must use the seat belts while the vehicle is in motion.

N.J.S.A. 18A:16-6; 18A:25-2; 18A:39-20.1
N.J.A.C. 6A:27-7.6; 6A:27-7.7

Adopted: 18 November 2010



Summit Public Schools, Administrative Office
14 Beekman Terrace Summit, NJ 07901

VOLUNTEER DRIVER FORM

VOLUNTEER DRIVER AND VEHICLE REQUIREMENTS

1. Parent permission forms must state the name of the driver when privately owned vehicles are used for field trips or athletics.
2. A volunteer driver will be a Parent or Guardian of an enrolled Summit School District student.
3. All vehicles used by volunteers drivers must be equipped with seatbelts for the driver and all passengers. **SEAT BELTS MUST BE USED BY THE DRIVER AND ALL PASSENGERS WHILE THE VEHICLE IS IN MOTION.**
4. All vehicles utilized by volunteer drivers must have a valid N.J. motor vehicle registration approved sticker and conform to registration, inspection, and insurance requirements of the State of New Jersey for privately owned vehicles.
5. The District may conduct a driver record background on the volunteer driver. As part of this process, the District may obtain Motor Vehicle Records (MVRs) from the N.J. Motor Vehicle Commission. **All volunteer drivers must complete the attached consent form for this search to be conducted.**
6. Students are not to be transported in an open vehicle.
7. Passengers under the age of eight and who weigh less than 80 pounds, shall be secured in a child passenger restraint system or booster seat, as described in the Federal Motor Vehicle Safety Standard Number 213, in a rear seat of the vehicle.
8. All vehicles used by volunteer drivers must be maintained in a safe condition and be in compliance with all applicable motor vehicle requirements.
9. Volunteer driver must be properly licensed to drive in the State of New Jersey and shall be covered by liability insurance as required by the State of New Jersey.
10. Should there be any incident during the transportation of a student, including a motor vehicle violation or an accident, the volunteer driver must immediately notify the Summit School District.

VEHICLE INSURANCE

The volunteer driver's insurance provides primary coverage in case of an accident up to the amount of the insured coverage. The school district's insurance provides secondary coverage for liability only if necessary in excess of the limits of the driver's coverage.

I _____ - volunteer as a field trip driver or athletics driver for _____ School during
(Please either check 1 or 2)

_____ 1. the current school year or

_____ 2. the field trip to _____ to be conducted on: Date _____

Make and Model of Vehicle: _____ Color: _____

License Plate Number: _____ Occupancy Rating (Driver and Passenger seats with seat belts) _____

Contact Phone Number: _____ Contact email address: _____

Valid New Jersey Driver's License Number _____

License Expiration Date: _____

Please attach copy of license.

Has driver been cited for any moving Traffic Violations in the last year? ___NO ___YES

If yes, please explain. Indicate number of violations and circumstances below.

FOR YOU PROTECTION You must have insurance in force in the amounts of \$100,000, \$300,000 (public liability, medical, property damage). **Your policy is primary.**

Please attach proof of insurance in the form of the declarations page stating the liability, medical and property damage limits and list your insurance coverage below:

PUBLIC LIABILITY INSURANCE COVERAGE

Each Person \$ _____ Each Accident \$ _____ Property Damage \$ _____ Medical \$ _____

Name, Address and Phone Number of Insurance Company:

Policy Number: _____ Policy Expiration Date: _____

I have read the above "Volunteer Driver and Vehicle Requirements" and agree to comply with each of the requirements. I understand that I shall assume responsibility for the students I transport while they are in my automobile. I agree that I am properly licensed to drive and shall be covered by liability insurance as required by the State of New Jersey throughout the 2022-23 school year. Should at any time I be unable to lawfully drive or become uninsured or under-insured, I agree to notify the Summit School District immediately and no longer transport students as a volunteer driver. I further agree to abide by all local, state, and federal rules, regulations, and laws, including all motor vehicle laws, while transporting students as a volunteer driver. I agree to ensure that all vehicle occupants will have and utilize their own seat belts. Should there be any incident during the transportation of students, including a motor vehicle violation or an accident, I agree to immediately notify the Summit School District. I understand that the District may conduct a driver record background and that as part of this process, the District may obtain a Motor Vehicle Records (MVRs) from the N.J. Motor Vehicle Commission. I consent to the District conducting the driver record background check, including obtaining MVRs from the Motor Vehicle Commission.

Signature of Driver _____ Date _____

Print Name of Driver _____

REMINDER: PLEASE MAKE SURE TO PROVIDE WITH YOUR COMPLETED FORM:

- 1. A COPY OF YOUR LICENSE**
- 2. A COPY OF YOUR INSURANCE POLICY**
- 3. A COMPLETED DRIVER RECORD BACKGROUND CONSENT FORM**

TO BE COMPLETED BY DISTRICT PERSONNEL ONLY

Approved _____ Disapproved _____

Signature of Principal: _____

Date: _____

Driver Record Background Consent Form

_____ First Name	_____ Middle Name	_____ Last Name
_____ Date of Birth	_____ Gender	
_____ Driver License Number	_____ State	_____ Month Day Year

I hereby authorize and consent to the Summit Board of Education and its designated agents and representative to conduct a comprehensive review of my driver record background. I authorize the complete release of my Motor Vehicle Records (MVRs) from the N.J. Motor Vehicle Commission, including my Driver History Abstract, to the Summit Board of Education. I certify that the information provided above is correct to the best of my knowledge. This authorization and consent shall be valid in original, fax, or copy form.

_____ Signature	_____ Date
_____ Print Name	



Driver History Abstract Application Request



New Jersey Motor Vehicle Commission
Business & Government Services
225 East State Street
P.O. Box 142
Trenton, NJ 08666-0142
609-292-6100

A separate form must be completed for each record requested. You may photocopy this form for your convenience; however, each request must bear an original signature of the applicant. **No other form of request will be accepted.** For applications other than official Government use, the proper fee(s) must accompany each request in the form of a check or money order payable to: "New Jersey Motor Vehicle Commission." **DO NOT SEND CASH. Please note that the turnaround time is approximately 3-4 weeks.**

*If you have any questions or need to obtain the status of a request sent by mail, please call 609-292-6100.

ALL APPLICANTS MUST COMPLETE SECTIONS A, B, C, AND E OF THIS FORM. COMPLETE SECTION D, IF APPLICABLE.
(Please print clearly)

SECTION A – Applicant's Information

Applicant's Name:		
Applicant Type:	<input type="checkbox"/> Individual/Business <input type="checkbox"/> Government/Law Enforcement Entity	Phone Number:
Business or Government/Law Enforcement Entity Name (if applicable):		
Street Address:		
City:	State:	Zip Code:
Applicant Driver License Number or Government Issued ID Number (Please include a photocopy of your ID):		
For Government or Law Enforcement Applicants: Please include a copy of your current Government issued Identification Card. Otherwise, include a photocopy of your Driver License or a photocopy of a Passport, Birth Certificate, or any valid state or federally issued ID.		

SECTION B – Information Requested

NJ Driver License Number (If you do not have the Driver's License number, you MUST supply name, DOB, gender, and address):		
Name:	Date of Birth:	<input type="checkbox"/> M(Male) <input type="checkbox"/> F(Female) <input type="checkbox"/> X(Unspecified)
Street Address:		
City:	State:	Zip Code:

SECTION C - Records Requested (Check all that apply and include the specific date you want covered for each record if applicable)

<input type="checkbox"/>	Certified Complete Driver History Abstract \$15	
<input type="checkbox"/>	Certified 5 Year Driver History Abstract \$15	
<input type="checkbox"/>	Order of Suspension \$15	Date(s): _____
<input type="checkbox"/>	Schedule of Suspension \$15	Date(s): _____
<input type="checkbox"/>	Restoration Notice \$15	Date(s): _____
<input type="checkbox"/>	Mailing List \$15	Date(s): _____
<input type="checkbox"/>	Summons \$15	Date(s): _____
<input type="checkbox"/>	Accident Report \$5	Date(s): _____

**** IF YOU REQUIRE THE ISSUE DATE OF YOUR LICENSE, YOU MUST SUBMIT THE DO-11 FORM.**



Visit us at www.NJMVC.gov

New Jersey is an Equal Opportunity Employer

SECTION E – Terms and Conditions

The disclosure and use of personal information * contained in the record you have requested is governed by the "New Jersey Drivers' Privacy Act" (NJDPAA), N.J.S.A. 39:2-3.3 et seq. The NJDPAA provides that a person who knowingly obtains or discloses information from a motor vehicle record for any use not permitted by the Act is guilty of a crime of the fourth degree and can be held liable, in a civil action in the Superior Court, to the individual to whom the information pertains, including an award of actual damages, punitive damages, and reasonable attorney's fees and litigation costs.

* "Personal Information" means information that identifies an individual, including an individual's photograph; social security number; driver identification number; name; address other than the five-digit zip code; telephone number; and medical or disability information, but does not include information on vehicular accidents, driving violations, and driver's status.

I hereby certify that the foregoing statements and submitted supporting documents are true. I understand that if any of the statements or submitted supporting documents are willfully false, I am subject to punishment. I have read N.J.S.A. 39:2-3.3, et seq. (NJDPAA) and I have initialed all the permitted purposes that apply to my request for online access. I will only use any personal information contained in records I have requested as permitted by the NJDPAA.

I agree to hold the New Jersey motor Vehicle Commission (NJMVC) harmless in the event of any errors or omissions in the record and document(s) furnished under this application.

If I am requesting another's record, I certify that:

1. Use of the information provided by the NJMVC pursuant to this Application will only be for the purposes explicitly set forth in this Application;
2. The information provided by the NJMVC pursuant to this Application will not be used for the purpose of commercial solicitation or marketing, political canvassing or campaigning or any similar purpose or objective, and I shall not provide such information to any person or entity that seeks to use such information for any of these purposes;
3. If the information requested is to be used "in anticipation of litigation," pursuant to N.J.S.A. 39:2-3.4(c)4, personal information will only be used where litigation is imminent or foreseeable, or where the party on whose behalf the information is obtained has made the conscious decision to prepare a claim or defend against a probable claim;
4. In the event of a breach of any of the security obligations or other event requiring notification under applicable law, I shall comply with all applicable State and Federal laws that require notification of individuals in the event of unauthorized release of Person Information, or other event requiring notification, and assume responsibility for informing the NJMVC within twenty-four (24) hours and all such appropriate individuals, including the customer whose information is the subject of the release, in accordance with applicable law and to indemnify, hold harmless and defend the State of New Jersey from, and against any claims, damages, or other harm related to such breach or event. All communications must be coordinated with the State of New Jersey by contacting the NJMVC at 609-341-5777.

Signature of Applicant (original signature only – signature
Stamps are unacceptable)

Date