



Pleasantville Public Schools



Home of the Greyhounds

Volunteer Packet



Office of Human Resources
801 Mill Road, 3rd Floor
Pleasantville, New Jersey 08232
(609) 383-6800 phone ~ (609) 677-8121 Fax



Pleasantville Public Schools



VOLUNTEER APPLICATION

Thank you for your interest in volunteering with Pleasantville Public School District. Please complete the application below and return it to the school you are interested in providing volunteer service.

Applicant's Name: _____
Last Name First Name Middle Initial

Home Address: _____
Street Address

_____ City State Zip Code

Primary phone #: _____ Alternate Phone #: _____

****Applicant attestation that he/she has not been convicted of any disqualifying crime pursuant to the provisions of N.J.S.A. 18A:6-7.1 et seq., N.J.S.A. 18A:39-17 et seq., or N.J.S.A. 18A:6-4.13 et seq., as applicable, by signature below. ****

_____ Applicant's Signature Date

School/ Location to Volunteer: _____

Below Please Specify Volunteer Service:

_____ Classroom _____ indicate how the volunteer will assisting in the classroom i.e. reading to students, tutoring, etc.

_____ Sports _____ indicate the name of the sport

_____ Activity _____ indicate the name of the school activity

_____ Other _____

_____ Administrator's Signature Date

This application will be held in the Office of Human Resources. The application will not be processed until a successful criminal history background check is completed for the applicant. Keep in mind you cannot begin volunteering until you are approved by the Pleasantville Board of Education.



Pleasantville Public Schools



Home of the Greyhounds

CRIMINAL HISTORY INSTRUCTIONS FOR VOLUNTEER SERVICE

1. Access the Criminal History Review Unit's direct web address to begin the process. The web address is: <http://www.nj.gov/education/educators/crimhist>. Click on third link "**File Authorization and Make Electronic Payment**" the link is located on the left side in the dark blue shading. This will give you direct access to the Criminal History Review ePayment Process and the MorphoTrust Fingerprinting Process: **On-Line Applicant Authorization and Certification (AA&C)**.
2. Select Option #1: **New Administration Fee Request (New Applicants Only)**" the screen will prompt applicant to input social security number then click continue.
 - The next screen Applicant Authorization and Certification (AA&C) Initial Application Request will display 4 (four) options as to the job position and employer. Please select the appropriate option and proceed to the next screen. ****Option #1****
 - 1) **All Job Positions, except School Bus Drivers and Bus Aides, for Public Schools, Private Schools for Children with Disabilities and Charter Schools**
 - 2) **All School Bus Drivers and Bus Aides for Public Schools, Private Schools for Children with Disabilities, Charter Schools and Authorized School Bus Contractors**
 - 3) **All Job Positions, except School Bus Drivers and Bus Aides, for Non Public Schools**
 - 4) **All School Bus Drivers and Bus Aides for Non Public Schools and Other Agencies**
3. Complete the requested applicant information:
Job Category: Volunteer or College Students
School County: Atlantic (01)
School District: Pleasantville (4180)
School: ****not required****
Enter email address and phone number then proceed to the Legal Certification. In order to continue with the ePayment process, read and accept the terms of the AA&C by checking the box then click next.
4. Please complete the required payment information. There is an \$11.00 administrative fee for the department to process the request and issue an approval letter (\$10.00 is paid to the NJDOE and \$1.00 convenience fee charged by the private vendor, NicUSA for processing the credit card information. Methods of payment are Visa, MasterCard, American Express or Discover credit cards.

***The individual **MUST** click the “make payment” button only **one time** to complete the transaction. ***

5. After completing the transaction, the individual will be presented with three choices

- 1) **View and/or print your New Administration Fee Payment Request confirmation page -**
- 2) **Complete and/or print your IdentoGO NJ Universal Fingerprint Form**
- 3) **Click here to schedule your fingerprinting appointment**

- Select option #1: **“View and/or print your New Administration Fee Payment Request confirmation page”** and print a copy of the receipt by clicking the print button in the upper right corner of the page and presenting a copy to the Office of Human Resources.
- Next select option #2 **“Complete and/or print your IdentoGO NJ Universal Fingerprint Form”** to complete the IndentoGo NJ Universal Fingerprint Form. After the form is complete, you must click on the “Submit” button at the bottom of the page. When the form has been submitted, you must view and print the IdentoGO NJ Fingerprint Form and present it to MorphoTrust at the time of LiveScan fingerprinting.
- Fingerprinting: Access the MorophoTrust web page by selecting option #3 **“Click here to schedule your fingerprinting appointment with MorphoTrust”** to schedule a fingerprinting appointment and submit to LiveScan fingerprinting.
- The fee for fingerprinting is \$21.41; payment is required when fingerprinting appointment is scheduled. Debit or credit card accepted. Methods of payment are Visa, MasterCard, American Express or Discover credit cards.
- Once you complete the process check state website weekly to see if your clearance has been approved. The web address is: <http://www.nj.gov/education/educators/crimhist>. Select option #1 **Applicant Approval Employment History** input your social security number and date of birth to check the status of your criminal history clearance.

(Once your criminal history results are available please contact the Human Resources Office so you can begin volunteering)

Once you complete all the steps above and are fingerprinted please bring to the Office of Human Resources

- **Administrative Fee Receipt**
- **IdentoGo Fingerprinting Form**
- **Safran MorophoTurst USA Confirmation Payment**

All volunteers must also complete the forms attached

- ✓ **Volunteer Application**
- ✓ **Volunteer Waiver Form**
- ✓ **Health History Form (Must have Mantoux Text for Tuberculosis)**

PLEASANTVILLE PUBLIC SCHOOLS Pleasantville, New Jersey					POSITION TO BE EXAMINED FOR												
Name of Individual To be examined (Please print or type)					EXAMINATION: Annual Re-examination <input type="checkbox"/>												
Address					DATE OF BIRTH												
All Questions on Blank Must be Answered																	
GENERAL APPEARANCE		Healthy Unhealthy		WEIGHT		HEIGHT Feet Inches		PULSE									
BLOOD PRESSURE		Systolic		Diastolic		HEART NORMAL EXCEPT											
LUNGS, NORMAL EXCEPT					ABDOMEN				Scars	Abnormal Masses	Tenderness						
EYES – Pupils React to Light Accommodation Color Blindness					Eyesight – With Glasses Right 20/ Left 20/		Without Glasses Right 20/ Left 20/		EXTREMITIES – Upper			Lower	Spine				
EARS – Disease or Injury					Hearing at Right		20 Feet Left		REFLEXES – Knee Normal		Right <input type="checkbox"/>	Right <input type="checkbox"/>	Right <input type="checkbox"/>				
ARE TEETH AND SKIN IN GOOD CONDITION					Tonsils		Sinuses		Jerk		Left <input type="checkbox"/>	Left <input type="checkbox"/>	Left <input type="checkbox"/>				
Laboratory					URINALYSIS		Sp. Gr.	Reaction	Albumen	Sugar		Check Item and Explain in "Remarks"	ANY HISTORY OR EVIDENCE OF DISEASE OF		Kidneys <input type="checkbox"/>	Heart <input type="checkbox"/>	
					Wasserman		Cafeteria Workers Only		Nervous System <input type="checkbox"/>		Abdominal Organs <input type="checkbox"/>		G.U. Organs <input type="checkbox"/>		Brain <input type="checkbox"/>	Rectum <input type="checkbox"/>	
									Nose or Throat <input type="checkbox"/>		Respiratory Dis. <input type="checkbox"/>		Tumors <input type="checkbox"/>		Wt. Change <input type="checkbox"/>		
									Epilepsy <input type="checkbox"/>		Varicosities <input type="checkbox"/>		Restricted Diet <input type="checkbox"/>		Deformity <input type="checkbox"/>		Operations <input type="checkbox"/>
					ANY HISTORY OR EVIDENCE					ANY OTHER MEDICAL HISTORY OR ABNORMALITIES							
										CONTAGIOUS OR COMMUNICABLE DISEASES							

****Mantoux Test for Tuberculosis Required**** Negative Positive

Remarks:

I hereby certify that I have examined the above named individual and consider him/her physically fit for the position named herein.
(Please circle one)

GRADE			
A	B	C	D

defects which I consider disqualify him/her for the position proposed are: _____

recommend for the improvement ofphysical condition: _____

I agree that a copy of this examination be forwarded to the Pleasantville Public School Board for filing.

Signed: _____ Employee

Date: _____

Signed: _____ M.D.

Medical Inspector

If an employee desires to have the examination by other than the School Physician it will be at a cost to the individual. This form will be forwarded to the School Physician in duplicate.

PLEASANTVILLE PUBLIC SCHOOLS

801 Mill Road, 3rd Floor

Pleasantville, New Jersey 08232

Phone: (609) 383-6800 extension 2533

Fax: (609) 677-8121

OFFICE OF HUMAN RESOURCES

FROM: _____

DATE: _____

TO: Human Resources

RE: **Volunteer Waiver**

As a school volunteer for the Pleasantville Public School District I fully acknowledge and understand that I am not and will not be covered by any Pleasantville Public School District Workers Compensation or any other district insurance policy. This applies to any and all hours I serve as a school volunteer on or off premises.

Print Name

Signature

Date

Notary Seal

Notary (Print Name)

Notary (Signature)