

Englewood Public School District Human Resources Office 274 Knickerbocker Road, Englewood, NJ 07631

VOLUNTEER APPLICATION

Name	Title	Address	Telephone	
References: Please list at least two references				
Specialized Education or Training:			1 IN	
College: Specialized Education or Training:			Y N Y N	
High School:			Y N	
EDUCATION			GRADUATE	
Do you have any physical limitations or a medical disorder that would impair your ability to perform as a volunteer in the Englewood Public School District? [] Yes [] No If yes, please explain on a separate sheet of paper				
Name of Primary Physicia	ın:	Physician Telephone:		
Emergency Contact Numb	er:	Emergency Contact Address:		
Name:		Relationship:		
EMERGENCY INFORMATION				
Zmprojen		Tradiciss.		
Employer:	EMPLOYER	Address:		
•	EMDI OVED	INFORMATION		
Work Telephone:		E-mail Address:		
Home Telephone:		Cellular Telephone:		
Street Address:		City: Zip Code:	State:	
Street Address:			Stata	
First Name:		Last Name:		
(Circle One) Miss. Ms.	any questions ca			
I fill clearly a		ini to the Human Resources Depa	u tiiiciit	

Name	Title	Address	Telephone

APPLICANT'S STATEMENT

I hereby affirm that the information provided on this application is true and complete to the best of my knowledge and agree to have any of the statements checked by the organization or its representatives. I understand that providing any false or misleading information or any omission may disqualify me from further consideration as a volunteer and may result in my immediate termination even if discovered at a later date.

I authorize representative of Englewood Public Schools to conduct a thorough investigation of my activities, and authorize all references provided in this application, as well as all other individuals, whom the school or its representatives may contact to provide all information they have about me. Furthermore, I agree to cooperate in such investigation, and release from all liability or responsibility of the School, all persons and entities acting on its behalf, and all persons and entities requesting or supplying such information.

Signature of Applicant	Data
Signature of Additional	Date
5181141111	

District Policy #9180, School Volunteers, provides that a volunteer is a person who is not paid by the Board of Education ("Board"), who assists with classroom or other school activities under the direct supervision of an appropriately certified or licensed school district employee, and helps with school activities on a regular basis (more than 10 occasions) throughout the school year. You may review the full policy on our website.

Prior to becoming a volunteer, you must be recommended by the Superintendent and approved by the Board. A volunteer, serving on 10 or more occasions, shall be required to complete a criminal history record check. The Board of Education shall reimburse the volunteer for the cost of the criminal history record check in accordance with the provisions of N.J.S.A. 18A:6-7.2. A receipt of your payment must be provided to Human Resources.

If you are interested in volunteering and will volunteer on a regular basis (more than 10 occasions)in the District, you must do the following:

- 1. Undergo a criminal background check:
 - a. Go to: https://homeroom4.doe.state.nj.us/chr/ and start an application
 - i. Under the School Info, please select Bergen (03) as the County and

Englewood City (1370) as the district

- b. Make an appointment for your digital fingerprints with Idemia
- c. Payment of \$24.05 and an \$11.00 administrative fee is required (the District will reimburse these amounts)
- d. Once your fingerprints have been processed, you may check the https://homeroom5.doe.state.nj.us/chrs18/?app-emp-history for the results within two weeks.

Failure to comply with the above may result in a delay in your approval to serve as a volunteer. All applications must be returned to the Human Resources Department.