



Prepare • Empower • Inspire

NEW BRUNSWICK BOARD OF EDUCATION

268 Baldwin Street/P.O. Box 2683
NEW BRUNSWICK, NEW JERSEY 08903-2683
Phone: (732) 745-5300

VOLUNTEER PROGRAM APPLICATION

LAST NAME	FIRST NAME	MIDDLE	GENDER
ADDRESS	CITY	STATE	ZIP CODE
TELEPHONE#	EMAIL ADDRESS	DATE OF BIRTH	
EMERGENCY CONTACT:		TELEPHONE:	

REFERENCES: Please list two people whom you have known for at least two years:

NAME:		TELEPHONE:	
NAME:		TELEPHONE:	

PLEASE CHECK AS MANY ITEMS IN EACH GROUP AS YOU WISH:

1. Do you prefer working with:

☐

Individual children

☐

Classroom

☐

Small Groups

2. How often do you intent to volunteer:

Weekly	Bi-Weekly	Monthly	Days/Times	
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3. Type of volunteer service preferred:

☐ Field trip chaperone	☐ Classroom asst.	☐ Special education	☐ PTO	☐ Clinic
☐ Volunteer Coach Assistant	☐ Sports	☐ Teacher Asst.	☐ Guest Speaker	☐ Clerical
☐ Advisory Council	☐ Mentor/Tutor	☐ Art/Drama/Music	☐ Media Library	☐ Translator
☐ Lunchroom Assistant	☐ Parent Volunteer Training Program	☐ Other _____		

4. Do you speak a second language? If yes, what?

5. Do you have an area of expertise, talent or skill etc. which you would like to share with the students of New Brunswick Public Schools upon teacher request? If so, please explain below:



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6. For the safety and protection of our students, please answer the following:

- a. Are criminal charges other than minor traffic violations currently pending against you?
- b. Have you ever been convicted and/or found guilty of a criminal offense?
- c. Have you ever entered a plea of "guilty" in a court of law to any criminal offense?
- d. Have you ever pled "no contest" in a criminal proceeding?
- e. Have you ever had adjudication withheld in a criminal proceeding?
- f. Have you ever failed to appear in court thereby forfeited bond in a criminal proceeding?
- g. Are you currently serving probation, parole or community service as part of a court order?

☐	YES	☐	NO
☐	YES	☐	NO
☐	YES	☐	NO
☐	YES	☐	NO
☐	YES	☐	NO
☐	YES	☐	NO
☐	YES	☐	NO

7. Student Teaching/Internship:

School District	
Location	
School Phone#	
School Year	
Date Completed (mm/yyyy)	
Length of Experience	
Grade Level(s)/Subject Area(s) Taught	
Name and Phone of Cooperating Teacher or Field Supervisor	
Name and Phone of Add'l Cooperating Teacher or Field Supervisor	
Name and Phone of University Supervisor	
Academic Grade Received	



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7. Volunteer Experience (Within the Last 10 Years):

School District	
Location	
Date (S)	
Indicate Capacity of Volunteering Activities Performed	
Name and Phone of Contact Supervisor	

Additional Volunteer Experience (Within the Last 10 Years):

School District	
Location	
Date (S)	
Indicate Capacity of Volunteering Activities Performed	
Name and Phone of Contact Supervisor	

FAILURE TO DISCLOSE ARREST INFORMATION WILL DISQUALIFY YOU

It is the policy of the New Brunswick Board of Education to conduct criminal background checks for persons who participate with students activities.

I certify the above entries are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that a knowing and willful false statement on this form may result in immediate dismissal from the volunteer program.

SIGNATURE:

DATE:



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STATEMENT OF UNDERSTANDING

As a volunteer for the New Brunswick Public School District, I fully understand the guidelines presented below. I will agree to follow the routine procedures and recommendations therefore, I have placed my initials in the space provided beside each statement which I understand:

- ☐ I will sign in and out, specify the number of hours served and indicate locations of service.
- ☐ I will direct questions and concerns to the school principal
- ☐ I will insist on having a teacher present at all times when I am working with students.
- ☐ I will treat information obtained about students and staff in a strict confidential manner.
- ☐ I will never discipline a child, it is not my responsibility to do so.
- ☐ I will call the school's main office if I cannot fulfill my date and/or time obligation.
- ☐ I will dress and conduct myself in a professional manner at all times.
- ☐ I will follow the policies and procedures as directed by the principal.
- ☐ I am aware children not enrolled in a New Brunswick Public School are not permitted on campus while I am serving a volunteer.
- ☐ I understand parents are not placed in their child's classroom on a regular basis.
- ☐ I understand a security screening is completed on every potential volunteer; if the information is misrepresented on my registration or if I have a past felony charge, I will be asked to volunteer with an agency outside the school district.

The volunteer acknowledges that the types of activities to be performed for the school district involve access to records and information that are private and confidential under state and federal law and school board policy.

The volunteer further acknowledges receiving instruction and training from the school district in the identification and handling of confidential records and information; acknowledges receiving and reviewing the following policies, manuals and guides relating to the proper handling of such records and information _____ ("Confidentiality Guidelines"); and acknowledges having an opportunity to ask questions of school district personnel concerning the confidentiality guidelines.

The volunteer agrees to maintain the confidentiality of all personally identifiable information concerning teachers, parents, students and other school constituents, and to disclose such information to others only in strict compliance with the confidentiality guidelines.

In the event the volunteer has any question concerning whether specific information is confidential, or whether a particular individual or organization is authorized to access, view, or receive such information, the volunteer agrees not to disclose the information until receiving express direction from authorized school district personnel.

VOLUNTEER PRINT NAME:

DATE:

VOLUNTEER SIGNATURE:

APPROVED DENIED

PRINCIPAL'S SIGNATURE:

APPROVED DENIED

DIRECTOR OF HR:

Volunteer Fingerprinting & TB Test Information

- The fingerprinting must be completed on their own
- The TB test must be completed at their doctors
- Once fingerprinting and TB test are completed applicants need to contact Zaira Rivera at HR (732) 745-5300 at Ext 5428

CRIMINAL HISTORY INSTRUCTIONS FOR NEW APPLICANTS

1. Access the Office of Student Protection's direct web address to begin the process (<https://nj.gov/education/crimhist/>). Click on **"File Authorization and Make Electronic Payment."**
2. Select the first option: **"New Administration Fee Request (New Applicants Only)"** and enter your Social Security number to ascertain if you are eligible for the process. The screen displays four (4) options as to the job position(s) and employer. Please select the appropriate option and proceed to next screen.
3. Complete the requested applicant information to include the county, district, school or contractor code (names furnished to you by your employer) and proceed to the Legal Certification. In order to continue with the ePayment process, read and accept the terms of the Applicant Authorization and Certification form by checking the box.
4. Please complete the required payment information. There is a \$10.00 administrative fee for the department to process the request and issue an approval letter. There will also be an additional \$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.

You **MUST** click the **"Make Payment"** button only **one time** to complete the transaction.

5. After completing the transaction, you will be presented with three required steps:
 1. View and/or print your New Administration Fee Payment Request confirmation page
 2. View and/or print your IdentoGO NJ Universal Fingerprint Form
 3. Click here to schedule your fingerprinting appointment with Idemia
6. Select the first option **"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 employing entity.
7. Next select the second option **"View and/or print your IdentoGO NJ Universal Fingerprint Form."** You must print the IdentoGO NJ Fingerprint Form to use when making your fingerprint appointment and to present to Idemia at the time of LiveScan fingerprinting.
8. Access the Idemia web page by selecting the third option **"Click here to schedule your fingerprinting appointment with Idemia"** or calling 1-877-503-5981 to schedule a fingerprinting appointment. Effective February 17, 2020, you must use the chart below to choose your Service Code to schedule the appointment.

REASON FOR FINGERPRINTING (Box 4 on the NJ Universal Fingerprint Form)	SERVICE CODE
PUBLIC SCHOOL EMPLOYMENT	2F1FB1
NONPUBLIC SCHOOL EMPLOYMENT	2F19ZQ
SCHOOL BUS DRIVER EMPLOYMENT	2F1GSH
SCHOOL BOARD MEMBER/TRUSTEE	2F1GN4
DOE VOLUNTEER	2F151N

9. In about two weeks after you get fingerprinted, you will be able to view and print your **"Applicant Approval Employment History"** by accessing the Office of Student Protection website. Give a copy to your employer.

County Code: Middlesex **23**
 District Code: New Brunswick **3530**

Archive Application Request Instructions

1. Access the Office of Student Protection's direct web address to begin the process. The web address is: <https://www.nj.gov/education/crimhist>.
2. Click on **"File Authorization and Make Electronic Payment for Criminal History Record Check."**
3. Select the second option: **"Archive Application Request (Applicants Previously Fingerprinted for the Department of Education and Approved Subsequent to February 2003)."**
4. Please enter your Social Security number to ascertain if you are eligible for the process. Click **"Continue."**
5. Select the appropriate Applicant Authorization and Certification form that is suitable to your job position and employer.
6. Complete the requested applicant information to include the county, district, school or contractor code names furnished to you by your employer) and proceed to the Legal Certification. In order to continue with the ePayment process, read and accept the terms of the Applicant Authorization and Certification form by checking the box. Click **"Next"**
7. Submit your credit card payment. Total payment is \$29.75 (\$28.75 plus a \$1.00 convenience fee charged by the private vendor). Click **"Continue"** and then click **"Make Payment"** at the bottom of the next page.
8. The Payment Confirmation page will state **"Your ePayment transaction has been processed successfully."** You should print a copy of this receipt.
9. In about two weeks, you will be able to view and print your **"Applicant Approval Employment History"** by accessing it on the Office of Student Protection website. Please give a copy to your employer.