

PASCACK VALLEY REGIONAL HIGH SCHOOL DISTRICT
Office of the Superintendent

VOLUNTEER APPLICATION
(Coaches and Co-Curricular)
(For Out-of-District Personnel Only)

Name:	S.S. #:	
Address:		
Town:	State:	Zip Code:
Email Address:		
Home phone:	Cell phone:	

Co-Curricular/ Athletic activity:	School: <input type="checkbox"/> Pascack Hills <input type="checkbox"/> Pascack Valley
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Have you been fingerprinted by Morpho Trak/Trust? **Yes:** **If yes, please provide date and school district that requested fingerprint clearance.**
No: **Date:** _____
District: _____

Criminal History and Background check must be completed and approved before volunteering can begin.

Have you ever been convicted of a crime in this or any other state? YES NO

WAIVER FOR INDIVIDUAL SERVING AS A SCHOOL DISTRICT VOLUNTEER

<p>I understand that as a volunteer in the Pascack Valley Regional High School District, I will be serving at the pleasure of the Board of Education without salary or other form of compensation or benefit, out of my personal desire to assist the pupils of the school district. I further understand that I have no employment benefits, and that I am not covered by Worker's Compensation Insurance. I hereby certify that I have never been convicted of a crime in the State of New Jersey or any other state.</p>
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Volunteer's signature: X	Date:
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FOR OFFICIAL USE ONLY	FOR OFFICIAL USE ONLY
X	
Approved by Athletic Director (for athletic appointments only)	Date
X	
Approved by Principal	Date

Date of Board Approval:
