

PASCACK VALLEY REGIONAL HIGH SCHOOL DISTRICT
Office of the Superintendent

GAME HELP APPLICATION
(For Out-of-District Personnel Only)

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

Game Help 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 game help can begin.

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

WAIVER FOR INDIVIDUAL SERVING AS SCHOOL DISTRICT GAME HELP

<p>I understand that as a game help individual in the Pascack Valley Regional High School District, I will be serving at the pleasure of the Board of Education. I understand that I have no employment benefits. 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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Signature: X	Date:
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FOR OFFICIAL USE ONLY	FOR OFFICIAL USE ONLY
X	
Approved by Athletic Director	Date
X	
Approved by Principal	Date

Date of Board Approval:
