



## WEST DEPTFORD TOWNSHIP

### Municipal Building

400 Crown Point Road  
West Deptford, New Jersey 08086  
Phone (856) 845-4004

Please be advised that effective, November 15, 2012, through Ordinance 2012-13 all volunteers working with you in West Deptford Township who meet the requirements set forth in Section 56-7 of the West Deptford Township Code must follow the procedures outlined below:

1. Complete the attached Form, NJAPS2 (also available on township website: [www.westdeptford.com](http://www.westdeptford.com) )
2. Set up an appointment to have your fingerprints completed by visiting [www.bioapplicant.com/nj](http://www.bioapplicant.com/nj)
  - Click on “Start Here” and follow the instructions on the website to make a new appointment.
  - Select Originating Agency Number- **NJ920610Z** (Youth Serving Org.)
  - Select Category- **YSB**
  - Select Statute: **15A:3A-1** (should be only one listed)
  - Select Document Type: **VB1** (should be only one listed)
  - For Contributor Case#: Type in **H12002**
  - Leave Miscellaneous field blank
  - Click continue and follow the rest of the instructions to select a location and date for your background check appointment.
3. Pre-pay the cost of the background screening via credit/debit card or money order.
4. Be sure to record the application number and appointment information on the NJAPS2 form.
5. Upon completion of the background check, please ask for and retain a copy of the receipt. This will contain your PCN number. Duplicate receipts will not be available and this is the only way to prove your background check was requested.
6. Complete the **Volunteer Coach Information Sheet** and return it to the Township Administrator’s Office.
7. Keep in mind that it usually takes several weeks to process your background check and application. **Please contact the Township Administrator’s office at (856) 845-4004 x. 130 to confirm your approval about 2-3 weeks after you have been fingerprinted.** Once your application has been approved, it will then be your responsibility to come to the West Deptford Township Administrator’s Office to have your photo ID card issued. This ID card is required to be visibly displayed while in perform of your duty involving youth programs. (ex., coaching, instructing, etc.)
8. ID cards may be picked up in the Administrator’s Office at 400 Crown Point Road, West Deptford, NJ; Monday- Friday, 9:00 AM- 12:00 PM; 2:00 PM- 4:00 PM and Thursday evenings from 4:30 PM- 6:30 PM. **Please call (856) 845-4004 x. 130 to schedule an evening appointment or with any questions.**

**Background checks are good for 2 years from the date of approval. After 2 years, the process must be completed and renewed again. Background checks from other organizations CANNOT be accepted.**

**Each organization should submit their coach roster to the Administrator’s office annually, either with their reimbursement allocation request or at the beginning of each season for a background checklist audit.**

(1) Originating Agency Number (ORI #) <b>NJ920610Z</b>		(2) Category <b>YSB</b>	(3) Statute Number <b>15A:3A-1</b>		
(4) Reason for Fingerprinting <b>YOUTH SERVING ORGANIZATION VOLUNTEER</b>			(5) Document Type <b>VB1</b>	(6) Payment Information <b>\$21.91</b>	
(7) Contributor's Case # (Unique Identifier) <b>H12002</b>			(8) Miscellaneous		
(9) First Name		(10) MI	(11) Last Name		
(12) Daytime Phone Number ( ) -		(13) Social Security Number (Optional)	(14) Date of Birth	(15) Height	(16) Weight
(17) Maiden or Alias Last Name		(18) Place of Birth (US State if US Citizen; Country for all others)		(19) Country of Citizenship	
(20) Home Address					
Address		City	State	Zip	
(21) Gender (Select one) [ ] Female [ ] Male [ ] Both	(22) Hair Color	(23) Eye Color	(24) Race (Select One) [ A ] Asian/ Pacific Islander (includes Asian Indian) [ B ] Black [ I ] American Indian / Alaska Native [ W ] White ( Includes Hispanic/ Spanish Origin) [ U ] Unknown		
(25) Occupation / Position (with respect to Requirement)	(26) Employer / Organization Name (with respect to Requirement) <b>West Deptford Township</b> Employer Address <b>400 Crown Point Road</b> City <b>West Deptford</b> State <b>NJ</b> Zip <b>08086</b>				
<b>Identification Requirement</b> - Acceptable Identification must be presented at the <u>time of printing</u> . Identification presented MUST be one (1) document that is current (not expired). A combination of documents will not be accepted. The single document must include the following criteria: Photo, Name, Address (home/employer), Date of Birth. Acceptable ID must be issued by a Federal, State, County or Municipal entity for identification purposes. Examples of acceptable ID are: 1) Valid U.S. State Photo Driver's License/ Non Driver's License, 2) U.S. Passport, 3) USCIS Permanent Resident ID Card (issued after 5/10/2010), and 4) USCIS Employment Authorization Card (issued after 10/31/2010).					

**Please READ This Form Carefully:**

Follow all of the instructions provided by your agency/employer to complete the fingerprint process. You must have this form (Blocks 1 through 26) completed prior to scheduling your fingerprint appointment via the website or call center. **PLEASE PRINT LEGIBLY.** It is **required** that you **present** this completed Universal Fingerprint Form, IDG\_NJAPP\_020115\_V2, at your scheduled appointment.

**Appointment Scheduling:**

Scheduling is available anytime at [www.bioapplicant.com/nj](http://www.bioapplicant.com/nj). Appointments may also be scheduled through our Call Center. English and Spanish speaking agents are available at **1-877-503-5981**, Monday through Friday, 8:00AM to 5:00PM EST and Saturday, 8:00AM to 12 Noon EST.

**Payment:**

When an applicant is responsible for payment, payment is required at the time of scheduling. The following forms of payment are accepted: Visa, MasterCard, prepaid debit cards, or electronic debit (ACH) from a checking account. Accounts will be debited immediately.

**Cancel/ Reschedule:**

Appointments may be canceled or rescheduled via the website or the call center **before the deadline of 5PM EST** the business day prior to the scheduled appointment (Saturday Noon for Monday appointments). An appointment fee of \$10.00 plus tax (\$10.70) will be incurred by applicants who do not cancel/reschedule their appointment prior to the deadline. MorphoTrust will refund the remainder of the fee paid (state/federal search fees) to the original payment method.

**Unable to be Fingerprinted:**

An applicant is considered "Unable to be Fingerprinted" for any of the following reasons: Failure to appear for scheduled appointment, inability to present proper identification, inability to present this completed Universal Fingerprint Form IDG\_NJAPP\_020115\_V2, or the information on this form does not exactly match the information provided during the scheduling process. Applicants unable to be fingerprinted will incur a \$10.00 plus tax (\$10.70) appointment fee. MorphoTrust will refund the remainder of the fee paid (state/federal search fees) to the original payment method.

**PCN and Receipts:**

Upon the completion of fingerprinting you will be assigned a PCN number. The PCN will be recorded on this form and on your receipt. MorphoTrust will not provide *duplicate receipts, PCN Numbers or any appointment/printing information after the time of printing.*

Applicant ID Number:	Payment Authorization:	PCN:
Scheduled Day & Date:	Scheduled Time:	Scheduled Site:
Agency Information:		

You **MUST** retain a copy of this form and the receipt of printing for your personal records.

**APPLICANTS MUST NOT ALTER, SHARE, OR REUSE THIS FORM**



# Volunteer Coach Information Sheet

## VOLUNTEER INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## SPORT/ORGANIZATION INFORMATION:

Please indicate what sport/organization(s) you are volunteering with this year

Sport/Organization: \_\_\_\_\_

Calendar Year: 20\_\_\_\_\_

## BACKGROUND CHECK RECEIPT INFORMATION

PCN #: \_\_\_\_\_

(found in the box on the lower right hand corner of fingerprint form)