



Office of the Director of Curriculum, Instruction and Assessment  
**HANOVER PARK REGIONAL HIGH SCHOOL DISTRICT**  
Serving East Hanover Township, Florham Park Borough and Hanover Township



Carol Grossi  
Superintendent of Schools  
Maria Carrell  
Director of Curriculum, Instruction and Assessment

75 Mt. Pleasant Avenue  
East Hanover, New Jersey 07936  
Office - (973) 887-0320  
Fax - (973) 887-9247

Tier 2 (fingerprints required)

Dear Volunteer:

Thank you for applying for a volunteer position within the Hanover Park Regional High School District. In order to be approved for a volunteer position, necessary paperwork is to be completed by all Hanover Park Regional High School District volunteers as required by the State and the district's Board of Education.

Please read all information below before scheduling your appointment and completing the required paperwork:

1. Complete the attached Volunteer Application.
2. Complete the attached "In Case of Emergency" form.
3. Complete the attached MorphoTrak Live Scan Fingerprinting Form.
4. Contact MorphoTrak at [WWW.BIOAPPLICANT.COM/NJ](http://WWW.BIOAPPLICANT.COM/NJ) to schedule your fingerprinting. Cost is \$26.25 at volunteer's expense.
5. Complete the Criminal History Record Check - \$11 via ePayment:  
<http://www.nj.gov/education/educators/crimhist/>.  
Methods of payment are Visa, MasterCard, American Express or Discover credit cards.
6. Provide documentation of a negative Mantoux Test.
7. Complete and sign the attached Waiver and User Agreement.
8. Upon obtaining your fingerprints and completing steps 1-7, please bring the following to the Board of Education offices:
  - a. Volunteer Application.
  - b. "In Case of Emergency" form.
  - c. The MorphoTrak form and receipt indicating completion of fingerprinting.
  - d. A copy of confirmation of payment for the Criminal History Record Check.
  - e. Mantoux Test documentation.
  - f. Waiver and User Agreement.
  - g. CPR Certification (required for athletic volunteers only).
9. The Criminal History Review Unit will send your criminal history clearance letter directly to your home. The Board Office does not receive a copy. Upon receipt, please provide a clear hard copy (showing the center seal) of your criminal history clearance letter to the Board Office.

Your appointment as a district volunteer will require recommended approval by the Board of Education. You cannot have any contact with students until you have completed steps 1-9 and have been approved by our Board of Education.

For processing of paperwork, please contact Kim Zito at the Board Office 973-887-0320 ext.3.



# HANOVER PARK REGIONAL HIGH SCHOOL DISTRICT

Serving East Hanover Township, Florham Park Borough and Hanover Township



75 Mt. Pleasant Avenue East Hanover, NJ 07936

(973) 887-0320 (973) 887-9247 (fax)

## Volunteer Application

Date: \_\_\_\_\_

### Personal Data

Name: \_\_\_\_\_  
Last First Middle Initial

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Other Phone: \_\_\_\_\_

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

Volunteer Position: \_\_\_\_\_

Under the direction of: \_\_\_\_\_

\_\_\_\_\_  
Signature Date

Please return to:

Office of the Superintendent  
Hanover Park Regional High School District  
75 Mount Pleasant Avenue  
East Hanover, New Jersey 07936

# Hanover Park Regional High School District

## Volunteer Emergency Form

(Please type and/or print clearly)

**VOLUNTEERS:** Emergencies such as sudden illness, injuries, etc., are bound to arise. It is important, therefore, that certain information be available. Please complete this form and return with your volunteer paperwork.

Name of Volunteer: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

### PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### ALTERNATE CONTACT

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### PHYSICIAN TO BE CALLED IN CASE OF EMERGENCY: OPTIONAL

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

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

Telephone: \_\_\_\_\_

IF ANY CHANGES SHOULD BE MADE IN THE ABOVE INFORMATION, PLEASE NOTIFY THE BOARD OFFICE OR YOUR BUILDING SECRETARY.

## Formerly Sagem Morpho Inc

(1) Originating Agency Number (ORI #) <b>NJ930100Z</b>		(2) Category <b>EDV</b>		(3) Statute Number <b>NJSA 18A:6-7.2</b>	
(4) Reason for Fingerprinting <b>Public School Volunteer</b>			(5) Document Type <b>VB1</b>	(6) Payment Information <b>\$26.25</b>	
(7) Contributor's Case # (Unique Identifier) <b>271990</b>			(8) Miscellaneous		
(9) First Name		(10) MI	(11) Last Name		
(12) Daytime Phone Number ( ) -		(13) Social Security Number		(14) Date of Birth	(15) Height
(17) Maiden Name (if married female)		(18) Place of Birth (U.S. State --for US Citizen; Country for all others)		(19) Country of Citizenship	
(20) Home Address					
Address		City		State	Zip
(21) Gender (Select one) Male ( ) Female ( ) Both ( )	(22) Hair Color (Indicate most predominant color, one only)	(23) Eye Color	(24) Race (Select One) A Asian/ Pacific Islander ( includes Asian Indian) B Black W White ( Includes Hispanic/ Spanish Origin) U Unknown I American Indian / Alaska Native		
(25) Occupation <b>Unpaid Volunteer</b>	(26) Employer (Name) <b>Hanover Park Regional High School District</b> Employer Address <b>75 Mt. Pleasant Avenue</b> City <b>East Hanover</b> State <b>NJ</b> Zip <b>07936</b>				

**APPLICANT INFORMATION – READ THIS FORM CAREFULLY AND FOLLOW ALL INSTRUCTIONS TO COMPLETE THE FINGERPRINT PROCESS. You MUST present this completed form at your appointment to be FINGERPRINTED. NO EXCEPTIONS ALLOWED. Applicants without forms or with incomplete forms will not be printed.**

**IDENTIFICATION IS REQUIRED- ACCEPTABLE ID REQUIREMENTS –ID MUST include Photo, Name, Address (Home/ Employer) and 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 Photo Drivers License or Valid Photo ID issued by any State DMV or NJ MVC, 2) Passport. Acceptable ID MUST meet all of the underlined requirements above and MUST be present on one (1) ID. Combinations of documents are NOT acceptable. If acceptable ID is not presented you will not be fingerprinted.**

For applicants who are required to pay for their own fingerprinting fees, payment is required at the time of scheduling. Payment may be made with a credit card or electronic debit from a checking account. Remember your account will automatically be debited. An \$11 fee is charged to cover the cost of a scheduled appointment for applicants who do not cancel/reschedule by noon on the business day prior to your scheduled appointment (Saturday noon for Monday appointments). All appointments can be canceled/rescheduled via the web without penalty if cancellation requirements are met. The \$11 fee will also apply for applicants who are turned away from the printing sites due to the inability to present proper ID, who fail to present this completed Universal Fingerprint Form provided to you by your requesting agency or employer, or who are turned away because information on this form does not match the information provided during the scheduling process. You will be refunded State and Federal search fees only.

Appointment scheduling is available via the web at [www.bioapplicant.com/nj](http://www.bioapplicant.com/nj), 24 hours per day, 7 days per week. For applicants who do not have web access, appointments can be made by contacting us toll free at **(877) 503-5981** on a first call, first served basis Monday through Friday, 8:00 AM to 5:00 PM EST and Saturday, 8:00 AM to 12 noon EST. English and Spanish speaking operators are available. Hearing impaired scheduling is available at (800) 673-0353. ONLY applicants who schedule through the call center can make payment by money order at the fingerprint site. No other form of payment is accepted at the fingerprint site.

Your APPLICANT ID, Site, Date, Time of your appointment, and payment authorization will be confirmed by the call center agent or web confirmation when scheduling is complete. You must record this information in the appropriate blocks below while speaking with the operator. If you appear for fingerprinting at a site where you are not scheduled or on a different date and time, you will be turned away and not fingerprinted. If applicable, you may incur the \$11 appointment fee.

Your PCN number will be recorded when your fingerprinting has been completed. You MUST retain a copy of the form and a copy of the receipt provided to you by the Fingerprint Technician for your records. **NO RECEIPTS WILL BE PROVIDED AFTER THE DATE OF PRINTING.**

Applicant ID No.	Scheduled Site/ Date/ Time	PYMT Authorization	PCN
Agency Information #1		Agency Information #2	

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

VOLUNTEERS POSITIONS

**TUBERCULOSIS SCREENING RECORD**

Mantoux Test

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

Position: \_\_\_\_\_

Date Tested: \_\_\_\_\_

Date Read: \_\_\_\_\_

Reaction: \_\_\_\_\_

\_\_\_\_\_  
Signature, Health Official or School Nurse

\_\_\_\_\_  
Date

**Return this completed form to the Superintendent's Office as soon as possible.  
Employment is contingent upon receipt of this completed form.**

**Waiver and User Agreement: Hanover Park Regional High School Board of Education**

The Hanover Park Regional High School Board of Education could not administer the extracurricular and in-school programs it has without the generous support of volunteers like you who give your time our schools. Please take the time to review this waiver and release form the Board requires in connection with the Program you are volunteering to assist. We thank you for your generosity and time.

I fully understand and acknowledge that recreational and fitness activities have (a) inherent risks, dangers, and hazards and such exists in my use of any equipment and my participation in these activities; (b) my participation in such activities and/or use of such equipment may result in injury or illness including, but not limited to bodily injury, disease, strains, fractures, partial and/or total paralysis, death or other ailments that, could cause serious disability; (c) these risks and dangers may be caused by the negligence of the representatives, employees, or volunteers of Hanover Park Regional High School Board of Education, the negligence of the participants, the negligence of others, accidents, breaches of contract, or other causes; (d) by my participation in these activities, **I hereby assume all risks and dangers and all responsibility for any losses and/or damages whether caused in whole or in part by the negligence or the conduct of the representatives, employees, or volunteers of Hanover Park Regional High School Board of Education, or by any other person.**

In agreeing to volunteer, I acknowledge that certain injuries are possible. These include but are not limited to: Minor or major bone fracture, scrapes, abrasions, lacerations, head or body bumps, bruises, muscle, tendon, or ligament strains or sprains. These might be caused by: Slips, falls, and other gravity-related mishaps, overstraining, or exceeding physical limitations, human error, disregard for guidelines, rules, and standard practice, ignorance or inattention, and environmental hazard (splinters, chalk dust, etc.).

I, on behalf of myself, my personal representatives and my heirs, hereby voluntarily agree to release, waive, discharge, hold harmless, defend, and indemnify Hanover Park Regional High School Board of Education and its representatives, employees, and volunteers from any and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of services or otherwise which may arise out of my participation in these activities. I specifically understand that I am releasing, discharging, and waiving any claims or actions that I may have presently or in the future for the negligent acts or other conduct by the representatives, employees, and volunteers of Hanover Park Regional High School Board of Education.

I HAVE READ THE ABOVE WAIVER AND RELEASE AND BY SIGNING IT AGREE. IT IS MY INTENTION TO EXEMPT AND RELIEVE THE HANOVER PARK REGIONAL HIGH SCHOOL BOARD OF EDUCATION FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE.

Volunteer's Name (print) \_\_\_\_\_ Date of birth \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_

Volunteer's Signature \_\_\_\_\_  
Date \_\_\_\_\_

Witness (school representative) \_\_\_\_\_