VOLUNTEER APPLICATION/CERTIFICATION

Full Name: _____

Home Address:_____

_____

Telephone #: _____

Have you ever been convicted of an offense which has not been expunged by the court?

- ☐ No
- ☐ Yes Explain_____

_____

I hereby certify, under penalties of perjury, that I have not been convicted in the State of New Jersey or any other state or jurisdiction of any other crime or disorderly person offense involving sexual offenses, child molestation, endangering the welfare of a children or incompetents, arson, armed robbery, aggravated assault, kidnapping, murder, manslaughter or violation of the New Jersey Controlled Dangerous Substance Act.

_____ _____

Applicant' Signature Date

School/Location to Volunteer: _____

Specify Volunteer Services Below:

- ☐ Office Work
- ☐ Classroom
- ☐ Sports/Activity _____
- ☐ Other _____

The Administrator's signature is required before submitting the application to the Human Resources Department.

_____ _____

School/Department Administrator's Signature Date

Person to notify in case of Emergency

Name	
Street Address	
City ST Zip Code	
Home Phone	
Cell	
Email Address	

_____

On this _____ day of _____,20 _____, this record was signed before me by

_____.

_____

A Notary Public of the State of NJ

My commission expires _____