

**THE TOWNSHIP OF MILLSTONE
COUNTY OF MONMOUTH
STATE OF NEW JERSEY**

PARKS & RECREATION COMMISSION
732-917-2954
609-208-2083 (Fax)

470 Stage Coach Road
Millstone Township, NJ 08510

October 2016

Dear Coaches/Volunteers:

You recently volunteered to coach in our Recreation program and according to our records your Background Check is no longer valid or not on file with the Recreation Department. A Criminal History Background Check is required every three years.

Procedures for Criminal History Background Check for Volunteers

Using a completed New Jersey Universal Fingerprint Form, which is attached and also available on the Township's website at www.millstonenj.gov or the Recreation Dept. Volunteers should read the form carefully and follow all instructions to complete the fingerprint process. The completed form must be presented at your scheduled appointment, no exceptions allowed. No variations in the form will be accepted.

IdentoGO by MorphoTrust USA appointment scheduling is available via the web at www.bioapplicant.com/nj 24 hours a day, 7 days per week. For applicants who do not have web access, appointments are available through the toll free number center at [\(877\) 503-5981](tel:8775035981) 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.

Applicants must pay their own fingerprinting fees. Payment will be required at the time of appointment scheduling by credit card. **No other form of payment will be accepted at the fingerprint site.** Applicant's account will be charged \$21.45 at the time of scheduling. A fee of \$10 is charged to cover the cost of a scheduled appointment for applicants who do not cancel by noon on the business day prior to your scheduled appointment (Saturday noon for Monday appointments). The \$10 fee also applies to applicants who are turned away from the printing sites due to their inability to present proper ID defined below, or who fail to present New Jersey Universal Fingerprint Form provided to you by the Recreation Dept. and required for printing.

Millstone Township will reimburse volunteers for this expense. After you have been finger printed, return the New Jersey Universal Fingerprint Form and the credit card receipt to the Recreation Office. A payment voucher will be issued to the participant. The original voucher must be signed and returned to the Recreation Office, 470 Stagecoach Road, Millstone Township, NJ 08510.

Valid photo identification must be presented at the time of fingerprinting and must have a valid expiration date. Expired New Jersey photo driver license will be accepted in combination with current non-photo license. No other expired identification will be accepted.

Mandatory Acceptable Identification: ID must be issued by Federal, State, County or Municipal Entity for identification purposes and must include photo, name, address (home/employer) and date of birth. Examples of acceptable identification include 1) photo driver's license or photo ID issued by any State DMV or NJ MVC, 2) passport or immigration ID, 3) Federal, State, County, Municipal Employment ID. ID must meet all of the underlined requirements which must be present on one ID. Combination of documents is not acceptable.

Refund Voucher: At the time of processing, a PCN number will be assigned. Volunteers will be given a receipt as proof of fingerprinting with recorded information attached to the New Jersey Universal Fingerprint Form. Millstone Twp. Recreation will reimburse the \$21.45 once we receive the confirmation letter from the State Police.

The New Jersey State Police will conduct a background search and submit the results to the Millstone Twp. Administrator.

Criminal History Background Checks for recreation programs is required every three years.

(1) Originating Agency Number (ORI #) NJ920610Z		(2) Category YSB	(3) Statute Number 15A:3A-1		
(4) Reason for Fingerprinting YOUTH SERVING ORGANIZATION VOLUNTEER			(5) Document Type VB1	(6) Payment Information \$21.45	
(7) Contributor's Case # (Unique Identifier)			(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) <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Both		(22) Hair Color	(23) Eye Color	(24) Race (Select One) <input type="checkbox"/> A Asian/ Pacific Islander (includes Asian Indian) <input type="checkbox"/> B Black <input type="checkbox"/> I American Indian / Alaska Native <input type="checkbox"/> W White (Includes Hispanic/ Spanish Origin) <input type="checkbox"/> U Unknown	
(25) Occupation / Position (with respect to Requirement)		(26) Employer / Organization Name (with respect to Requirement)			
		Employer Address			
		City		State	Zip
<p>Identification Requirement - 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).</p>					

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. 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, American Express, Discover, and 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