



Atlantic City School District

HUMAN RESOURCES DEPARTMENT, CITICENTER BUILDING
1300 ATLANTIC AVENUE ▪ SIXTH FLOOR ▪ ATLANTIC CITY, NJ 08401
(609) 343-7200 ▪ FAX (609) 345-0371

VOLUNTEERING WITH THE ATLANTIC CITY PUBLIC SCHOOLS

Thank you for your interest in dedicating your time to the children of the Atlantic City Public School District. All volunteers are subject to a background check by the State of NJ Department of Education, Office of Student Protection. Instructions on how to become a volunteer are below:

1. **PROCESS YOUR BACKGROUND CHECK:** A background check must be completed by the State of NJ Department of Education, Office of Student Protection. Go to <https://www.nj.gov/education/crimhist/> to begin the application process. Volunteers must process as a New Applicant and enter the following codes when submitting the application:

Job Category: Volunteer (17)
County Code: Atlantic (01)
District Code: Atlantic City (0110)
School Code: None (000)

Service Code (entered in Box 4 of the NJ Universal Fingerprinting form):
DOE Volunteer 2F151N

2. **PRINT OUT YOUR APPROVED BACKGROUND CHECK:** Two weeks after you have submitted and fingerprinted for your background check, you may check for your approval notice. Approval notices are issued online only and viewable by clicking the “Applicant Approval Employment History” tab on the state’s website.
3. **SUBMIT YOUR FULLY COMPLETED APPLICATION PACKET:** Complete the attached application and return it to the school office where you want to volunteer *with* your approved background check, TB test result, and signed waiver for workers’ compensation.
4. **RECEIVE APPROVAL FROM THE ATLANTIC CITY BOARD OF EDUCATION:** A letter will be mailed to your home once approval has been received from the Atlantic City Board of Education. REMEMBER, you may not begin your volunteer service until you have received approval from the Atlantic City Board of Education.

Your application will not be presented for board approval until the State of NJ has completed your background check and a copy of the approval letter, volunteer application, TB test results, and signed waiver for workers’ compensation is on file with the Human Resources Department. Only fully completed packets will be accepted and presented for board approval.

The cost of your background check is reimbursable upon completion of a reimbursement voucher and submittal of your original receipts. Reimbursement vouchers are available in the Human Resources Department.



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 children or incompetents, arson, armed robbery, aggravated assault, kidnapping, murder, manslaughter or violation of the New Jersey Controlled Dangerous Substance Act.

Applicant's Signature

Date

School/Location to Volunteer: _____

Specify Volunteer Services Below:

_____ Office Work _____ Classroom _____ Sports/Activity _____
Sports/Activity

_____ Other _____

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

School/Department Administrator's Signature

Date

THIS APPLICATION WILL NOT BE PRESENTED FOR BOARD APPROVAL UNLESS IT IS ACCOMPANIED BY AN APPROVED BACKGROUND CHECK BY THE NJ DEPARTMENT OF ED, TB TEST RESULTS, and WORKERS' COMP WAIVER FORM.



VOLUNTEER TB TEST RESULT

All volunteers must submit their results from a Mantoux TB test as part of their application to volunteer.

MANTOUX TB TEST RESULTS

_____, received the Mantoux Test in my office on

Volunteer's Name

_____. The test results were read on

Date

_____ with a _____ result.

Date

Doctor/Nurse's Signature

Date

Doctor's Office Address and Telephone

Volunteer's Signature of Consent to Administer Test

Date

**THIS FORM MUST BE RETURNED WITH YOUR VOLUNTEER APPLICATION
A MANTOUX TEST IS REQUIRED IN ACCORDANCE WITH DISTRICT POLICY #9180 & #9181**



VOLUNTEER WAIVER OF WORKERS' COMPENSATION COVERAGE

I, _____, am a volunteer with the Atlantic City Public School District and do not receive payment for my services. I understand that I am not entitled to workers' compensation benefits under the District policy.

I am waiving any and all rights to file any claims against the Atlantic City Board of Education in the event an accident should occur while providing volunteer services.

Signature

Date

**THIS FORM MUST BE RETURNED WITH YOUR VOLUNTEER APPLICATION
THIS WAIVER IS REQUIRED IN ACCORDANCE WITH DISTRICT POLICIES #9180 & #9181**