



TOWNSHIP OF DENVILLE
New Jersey

RECREATION DEPARTMENT
1 St. Mary's Place
Denville, N.J. 07834
(973) 625-8300 x238
Donald F. Bogardus, Jr. RA

Denville the HUB of Morris County

February 1, 2015

To All Denville Youth Sports Coaches and League Administrators:

The Township of Denville requires all Volunteer Youth Sport Coaches and League Administrators to submit to a finger print background check once every 3 years. Coaches/Administrators are required to use Idento Go. Idento Go is located at 601 Jefferson Road in Parsippany, NJ.

Attached is a copy of the application each volunteer must read and complete. Registration instructions are located ½ way down the application. Please use the form attached or one from the Denville Recreation Department. The identification numbers printed on this form will allow your information to be sent to the Denville Recreation Department. Without the report coming to the Recreation Department you will not be allowed to participate.

There is a \$24.20 charge for the finger print scan. You will be reimbursed for that fee. To be reimbursed that fee you will need to send copies of the application and a copy of your receipt to:

Denville Recreation
1 St. Mary's Place
Denville, NJ 07834

The Denville Recreation Department also requires that all Volunteer Coaches & Administrators take the Rutgers Coaches Safety Class or have an up to date NYSCA Card. The Rutgers class is a non sports specific class and only needs to be taken once at the present time. To find out when the next available Rutgers Safety class is being held, please ask your League Administrator or call the Denville Recreation Office.

Coaches/Administrators are also required to take the free online concussion training course on the CDC website. After completing this online course, print out your certification and send a copy to the Recreation Department at the address listed above. Please follow the address link below to take this online course.
www.cdc.gov/concussion/HeadsUp/Training/HeadsUpConcussion.html

If you have any questions regarding the background check or the Rutgers Safety Class please contact the Denville Recreation Department at 973-625-8300 ext. 238.

Thank you

Don Bogardus, Director
Denville Recreation

cc:file



By MorphoTrust USA

New Jersey Universal Fingerprint Form

www.bioapplicant.com/nj

(1) Originating Agency Number (ORI #) NJ920610Z		(2) Category YSB		(3) Statute Number 15:3A-1	
(4) Reason for Fingerprinting YOUTH SERVING ORGANIZATION VOLUNTEER			(5) Document Type VB1		(6) Payment Information \$24.20
(7) Contributor's Case # (Unique Identifier) P10001			(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
(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)	(22) Hair Color	(23) Eye Color	(24) Race (Select One)		
(25) Occupation / Position (with respect to Requirement) COACH	(26) Employer / Organization Name (with respect to Requirement) DENVILLE RECREATION				
	Employer Address 1 St. MARY'S PLACE		State NJ Zip 07834		
	City DENVILLE				

Identification Requirement - Identification must be presented at the time of printing. 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 and is 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

and 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** 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, 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 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**; 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 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

IDG_NJAPP_020115_V2