

BOYS & GIRLS CLUB OF CLIFTON VOLUNTEER APPLICATION

FOR THE SAFETY AND PROTECTION OF ALL CLUB MEMBERS THE BOYS & GIRLS CLUB OF CLIFTON IS ASKING YOU TO FILL OUT AND SIGN THIS VOLUNTEER AGREEMENT WHICH WILL BE KEPT ON FILE.

I. PERSONAL DATA (PLEASE TYPE OR PRINT)

		FIRST	
SOCIAL SECURITY	<i>,</i> #		
ADDRESS			
CITY	STATE	ZIP	
HOME PHONE:		EMAIL:	
OCCUPATION			
AVAILABILITY – P	PLEASE INDICATE D	AYS, TIME AND FREQ	QUENCY YOU WILL
AVAILABLE TO AS	SSIST IN THE OPERA	TION OF THE BOYS &	& GIRLS CLUB OF
CLIFTON.			
REFERENCES – PL NCLUDE SUCH PE	ERSONS AS FORMER	RSONS AS REFERENCE E EMPLOYERS, LOCAL	L SERVICE
REFERENCES – PL INCLUDE SUCH PE ORGANIZATIONS,	ERSONS AS FORMER MEMBERS OF THE	E EMPLOYERS, LOCAL COMMUNITY OR SCH	L SERVICE OOL PERSONNEL.
REFERENCES – PL INCLUDE SUCH PE ORGANIZATIONS, 1. Name:	ERSONS AS FORMER MEMBERS OF THE	EMPLOYERS, LOCAL	L SERVICE OOL PERSONNEL.
REFERENCES – PL INCLUDE SUCH PE ORGANIZATIONS, 1. Name: Address	ERSONS AS FORMER MEMBERS OF THE	E EMPLOYERS, LOCAL COMMUNITY OR SCH Phone #:	_ SERVICE OOL PERSONNEL. Zip
REFERENCES – PL INCLUDE SUCH PE ORGANIZATIONS, 1. Name: Address 2. Name:	ERSONS AS FORMER MEMBERS OF THE	E EMPLOYERS, LOCAL COMMUNITY OR SCH Phone #: State	_ SERVICE OOL PERSONNEL. Zip
REFERENCES – PL INCLUDE SUCH PE ORGANIZATIONS, 1. Name: Address 2. Name: Address	ERSONS AS FORMER MEMBERS OF THE CityCity	E EMPLOYERS, LOCAL COMMUNITY OR SCH Phone #: State Phone #:	_ SERVICE OOL PERSONNEL. Zip Zip
REFERENCES – PL INCLUDE SUCH PE ORGANIZATIONS, 1. Name: Address 2. Name: Address 3. Name:	ERSONS AS FORMER MEMBERS OF THE City City City	E EMPLOYERS, LOCAL COMMUNITY OR SCH Phone #: State Phone #: State	_ SERVICE OOL PERSONNEL. Zip Zip
REFERENCES – PLI INCLUDE SUCH PE ORGANIZATIONS, 1. Name: Address 2. Name: Address 3. Name: Address	ERSONS AS FORMER MEMBERS OF THE City City City City	E EMPLOYERS, LOCAL COMMUNITY OR SCH Phone #:State Phone #:State Phone #:State	_ SERVICE OOL PERSONNEL. Zip Zip

II.

III.



BOYS & GIRLS CLUB OF CLIFTON VOLUNTEER APPLICATION

VOLUNTEER ACKNOWLEGEMMENT

• Background Checks (Revision effective January 1, 2021) 1.2: Performance of criminal background check background checks.

All volunteers and third-party professionals who have direct, repetitive

interaction with young people must have background checks. Such background checks shall be secured prior to volunteer engagement or other affiliation and at least once every 12 months thereafter.

Name- or fingerprint-based record searches may be used in any combination but shall, at a minimum: a. Verify the person's identity and legal aliases through verification of a social security number;

b. Provide a national Sex Offender Registry search;

c. Provide a comprehensive criminal search that includes a national search; and

d. Provide a comprehensive local criminal search that includes a statewide or county-level criminal search, depending on jurisdiction.

• MANUAL OF REQUIREMENTS FOR CHILD CARE CENTERS STATE OF NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES, OFFICE OF LICENSING EFFECTIVE March 6, 2017; EXPIRES January 31, 2024

3A:52-4.11 Criminal History Record Information background check procedures (a) As a condition of securing a license or Certificate of Life/Safety Approval, the sponsor or sponsor representative shall ensure that a Criminal History Record Information (CHRI) fingerprint background check is completed for himself or herself, and for all staff members at least 18 years of age who are or will be working at the center on a regularly scheduled basis, to determine whether any such person has been convicted of a crime, as specified in P.L. 2000, c. 77 (N.J.S.A. 30:5B-6.10 to 6.17).

1. The volunteer shall complete the electronic fingerprinting process through the vendor authorized by the State to conduct CHRI background checks through the Division of State Police in the Department of Law and Public Safety and the Federal Bureau of Investigation.

IF VOLUNTEER IS AT LEAST 18 YEARS OLD, THEN VOLUNTEER MUST READ AND SIGN BELOW:

I understand as a volunteer, that I am not an employee of the Boys & Girls Club of Clifton and understand and agree that I will not receive any compensation or benefit nor be eligible for my coverage under the New Jersey Workers Compensation Laws.

I have carefully read the foregoing statement, understand its content and acknowledge that I am solely responsible for any injuries incurred while volunteering with the Boys & Girls Club of Clifton.

Signature of Volunteer

Date

Emergency Contact: _____

Phone #: