



Denville the HUB of Morris County

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

To All Denville Youth Sport Coaches:

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

Attached is a copy of the application each volunteer coach must read and complete to the form. 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 coach.

There is a \$26.25 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 must take the Rutgers Coaches Safety Class or have an up to date NYSCA Card. This is a non sport 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.

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
Recreation Director
Township of Denville

Cc: file

Formerly Sagem Morpho Inc

(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 \$26.25
(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	(14) Date of Birth	(15) Height	(16) Weight
(17) Maiden Name (if married female)			(18) Place of Birth (U.S. State -for US Citizen; Country for all others)		(19) Country of Citizenship
(20) Home Address					
Address		City		State	Zip
(21) Gender (Select one) Male () Female () Both ()	(22) Hair Color (Indicate most predominant color, one only)	(23) Eye Color	(24) Race (Select One) A Asian/ Pacific Islander (includes Asian Indian) B Black W White (Includes Hispanic/ Spanish Origin) U Unknown I American Indian / Alaska Native		
(25) Occupation Coach	(26) Employer (Name) Denville Recreation Employer Address 1 ST. MARY'S PLACE City Denville. State NJ Zip 07834				

APPLICANT INFORMATION - READ THIS FORM CAREFULLY AND FOLLOW ALL INSTRUCTIONS TO COMPLETE THE FINGERPRINT PROCESS. You MUST present this completed form at your appointment to be FINGERPRINTED. NO EXCEPTIONS ALLOWED. Applicants without forms or with incomplete forms will not be printed.

IDENTIFICATION IS REQUIRED- ACCEPTABLE ID REQUIREMENTS -ID MUST include Photo, Name, Address (Home/ Employer) and 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 Photo Drivers License or Valid Photo ID issued by any State DMV or NJ MVC, 2) Passport. Acceptable ID MUST meet all of the underlined requirements above and MUST be present on one (1) ID. Combinations of documents are NOT acceptable. If acceptable ID is not presented you will not be fingerprinted.

For applicants who are required to pay for their own fingerprinting fees, payment is required at the time of scheduling. Payment may be made with a credit card or electronic debit from a checking account. Remember your account will automatically be debited. An \$11 fee is charged to cover the cost of a scheduled appointment for applicants who do not cancel/reschedule by noon on the business day prior to your scheduled appointment (Saturday noon for Monday appointments). All appointments can be canceled/rescheduled via the web without penalty if cancellation requirements are met. The \$11 fee will also apply for applicants who are turned away from the printing sites due to the inability to present proper ID, who fail to present this completed Universal Fingerprint Form provided to you by your requesting agency or employer, or who are turned away because information on this form does not match the information provided during the scheduling process. You will be refunded State and Federal search fees only.

Appointment scheduling is available via the web at www.bioapplicant.com/nj, 24 hours per day, 7 days per week. For applicants who do not have web access, appointments can be made by contacting us toll free at (877) 503-5981 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. English and Spanish speaking operators are available. Hearing impaired scheduling is available at (800) 673-0353. ONLY applicants who schedule through the call center can make payment by money order at the fingerprint site. No other form of payment is accepted at the fingerprint site.

Your APPLICANT ID, Site, Date, Time of your appointment, and payment authorization will be confirmed by the call center agent or web confirmation when scheduling is complete. You must record this information in the appropriate blocks below while speaking with the operator. If you appear for fingerprinting at a site where you are not scheduled or on a different date and time, you will be turned away and not fingerprinted. If applicable, you may incur the \$11 appointment fee.

Your PCN number will be recorded when your fingerprinting has been completed. You MUST retain a copy of the form and a copy of the receipt provided to you by the Fingerprint Technician for your records. **NO RECEIPTS WILL BE PROVIDED AFTER THE DATE OF PRINTING.**

Applicant ID No.	Scheduled Site/ Date/ Time	PYMT Authorization	PCN
Agency Information #1		Agency Information #2	

APPLICANTS MUST NOT ALTER, SHARE, OR REUSE THIS FORM