



## SHAMONG TOWNSHIP

Burlington County, NJ  
105 Willow Grove Rd.  
Shamong, NJ 08088

[www.shamong.net](http://www.shamong.net)

E-mail [info@shamong.net](mailto:info@shamong.net)

Phone # (609) 268-2377

Fax # (609) 268-2701

To: Volunteer's working with township youth

From: Susan Onorato

Date: January 21, 2015

Re: Background checks

Please be advised that effective March 3, 2008, all volunteers working with youth in Shamong Township who meet the requirements set forth in Section 58 or the Code to Shamong Township will need to follow the procedures outlined below.

1. Complete the attached form NJAPS2.
2. Set an appointment to have your fingerprints completed by visiting [www.bioapplicant.com/nj](http://www.bioapplicant.com/nj)
3. Click on "Start Here" and follow the instructions on the website to make a new appointment.
  - Select Originating Agency Number - **NJ920610Z – Youth Serving Organization**
  - Select Category – **YSB**
  - Select Statute – **15A:3A-1... (should be only one listed)**
  - Select Document Type – **VB1 (should be only one listed)**
  - For Contributor Case # - Type in **C07004**
  - Leave Miscellaneous field blank
  - Click Continue and Follow the rest of the instructions to select a location and date for your background check appointment
4. Pre-pay the cost of the background screening via credit/debit card or money order.
5. Be sure to record the application number and appointment information on the NJAPS2 form.
6. Upon completion of the background check, please ask for and retain a copy of the receipt. This will contain your PCN number. Duplicate receipts will not be available and this is the only way to prove the background check was completed.
7. Submit the completed NJAPS2 form and the receipt for your fingerprints to:

Shamong Township Clerk  
105 Willow Grove Road  
Shamong, NJ 08088

**Background checks are good for 5 years from the date completed. After 5 years, the process must be completed and renewed again.**



# New Jersey Universal Fingerprint Form

[www.bioapplicant.com/nj](http://www.bioapplicant.com/nj)

|  |  |   |  |  |   |
|--|--|---|--|--|---|
| (1) Originating Agency Number (ORI #)<br><b>NJ920610Z</b>  |  | (2) Category<br><b>YSB</b>                                      |  | (3) Statute Number<br><b>15A:3A-1</b>                                |   |
| (4) Reason for Fingerprinting<br><b>YOUTH SERVING ORGANIZATION VOLUNTEER</b>   |  |   |  | (5) Document Type<br><b>VB1</b>                                      | (6) Payment Information<br><b>24.20</b> |
| (7) Contributor's Case # (Unique Identifier)<br><b>C07004</b>  |  |   |  | (8) Miscellaneous  |   |
| (9) First Name   |  | (10) MI   |  | (11) Last Name   |   |
| (12) Daytime Phone Number<br>( ) -   |  | (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)<br>[ ] Female<br>[ ] Male<br>[ ] Both   |  | (22) Hair Color   |  | (23) Eye Color   |   |
| (24) Race (Select One)<br>[ A ] Asian/ Pacific Islander (includes Asian Indian)<br>[ B ] Black<br>[ I ] American Indian / Alaska Native<br>[ W ] White ( Includes Hispanic/ Spanish Origin)<br>[ U ] Unknown   |  |   |  |  |   |
| (25) Occupation / Position (with respect to Requirement)   |  | (26) Employer / Organization Name (with respect to Requirement) |  |  |   |
|  |  | Employer Address  |  |  |   |
|  |  | City  |  | State  | Zip                                     |
| <p><b>Identification Requirement</b> - 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 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).</p> |  |   |  |  |   |

**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\_110113, at your scheduled appointment.

**Appointment Scheduling:**

Scheduling is available anytime at [www.bioapplicant.com/nj](http://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**