

## MONTVILLE TOWNSHIP RECREATION DEPARTMENT YOUTH SPORTS COACHES CONTRACT

Thank you for volunteering to be a coach, manager or assistant in one of Montville Township's Recreation Programs. In order to be considered as a volunteer, you need to complete three items as follows:

1. Youth Sports Coaches Contract (Code of Ethics)
2. Disclosure Statement (Background Check) see pages 1 and 2
3. Completion of a Montville Township Approved "Sports Certification Program"

Upon completion of the requirements above, the approval of the Montville Township Recreation Department and the sports organization for which you have applied, you will then be considered as a volunteer. Each coach/assistant must wear an ID Badge. No person will be allowed on the field without the proper ID.

### YOUTH COACHES CODE OF ETHICS

- I hereby pledge to live up to my certification as a coach by following the Code of Ethics.
- I will place the emotional and physical well being of all players ahead of any personal desire to win.
- I will remember to treat each player as an individual, remembering the large range of emotional and physical development within a particular age group.
- I will do my very best to provide a safe playing situation for my players
- I promise to review and practice the necessary first aid principles needed to treat injuries of my players
- I will do my best to organize practices that are fun and challenging for all my players
- I will lead by example in demonstrating fair play and sportsmanship to all players.
- I insure that I am knowledgeable in the rules of each sport that I coach, and will teach these rules to my players
- I will use coaching techniques appropriate for each of the skills that I teach and for the proper age level
- I will remember that I am a youth coach that the game is for the children and not adults.

I, (please print first & last name) \_\_\_\_\_, verify that I have read and understand the Youth Sports Coaches Contract. I agree to abide by all the rules, regulations and policies set forth by the Montville Township Recreation Department and the organization of which I am involved. I also understand if I violate and/or break any of the rules, regulations or policies I may lose the privilege of coaching, managing or assisting in any program sponsored by the Montville Township Recreation Department.

Please complete all of the following information, print neatly, all UPPER CASE letters with a black pen.

FIRST NAME:

MIDDLE INITIAL:

LAST NAME:

ADDRESS:

CITY

PHONE # :

EXPIRATION

Coach ID#

SIGNATURE:

DATE:

**NOTE:** Sport organizations will be fined accordingly for coach's non-compliance of wearing their coach's ID. FIRST offense \$50.00, SECOND offense \$75.00 and THIRD offense will be suspension from the season. It is the responsibility of the sponsoring sport organization to ensure that coaches wear their ID cards.

## New Jersey Universal Fingerprint Form Appointment Instructions

1. TO REGISTER FOR AN APPOINTMENT ONLINE GO TO  
<https://nj.ibtfingerprint.com>
2. TO MAKE A NEW APPOINTMENT, SELECT START HERE
3. NEXT PAGE USE THE CODES IN BOX 1-5 ON THE FORM TO INPUT FROM THE DROP DOWN MENU. BOX 1 **SELECT THE EXACT MATCH TO OUR CODE NJ920610Z YOUTH SERVING ORGANIZATION.** BOX 2 SELECT YSB. BOX 3 SELECT 15A:3A-1. BOX 4 SELECT YOUTH SERVING ORGANIZATION VOLUNTEER. BOX 5 SELECT VB1. BOX 7 ENTER P03017 (THE 0'S ARE BOTH ZEROS). BOX 8 –NOTHING REQUIRED.
4. NEXT YOU WILL BE ASKED TO ENTER THE ZIP CODE CLOSEST TO WHERE YOU WANT TO MAKE AN APPOINTMENT. PARSIPPANY IS THE CLOSEST LOCATION AND THEY OFFER SATURDAY APPOINTMENTS. PARAMUS AND OTHER LOCATIONS ARE ALSO AVAILABLE, SEE FINGERPRINTING LOCATION LIST.
5. NEXT ENTER YOUR PERSONAL INFORMATION ASKED AND COMPLETE THE SAME ON YOUR APPLICATION AND MAKE SURE TO BRING YOUR COMPLETED APPLICATION TO YOUR APPOINTMENT. FOR BOX 25 ENTER COACH. FOR BOX 26 ENTER MONTVILLE RECREATION DEPT. ADDRESS PROVIDED ON THE UNIVERSAL FORM. **THE PAYMENT SHOULD BE \$24.05, IF IT'S DIFFERENT; YOU ENTERED A WRONG CODE IN BOX 1-5, GO BACK AND CHECK**

Notification Period and Reimbursement - Recreation usually receives notification from the state 7-10 business days after your prints have been taken. To expedite this process once you complete your fingerprinting please immediately return the completed Youth Sports Coaches Contract/IDBadge form, the fingerprint application, receipt and reimbursement voucher to the Recreation Director. A check reimbursement takes 2-4weeks which will be mailed to your home.

**The Youth Sports Coaches Contract Form must be completed and returned to the Recreation Director for the Police Department to issue you a valid Coach ID Badge which **MUST BE WORN AT ALL TIMES WHEN VOLUNTEERING.****

If you have any questions or need help with this process please email [ldent@montvillenj.org](mailto:ldent@montvillenj.org) or call 973-331-3344.

|   |  |  |                                 |   |   |
|---|--|--|---------------------------------|---|---|
| (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>\$24.05</b> |
| (7) Contributor's Case # (Unique Identifier)  |  |  | (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                               |
| (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><input type="checkbox"/> Female<br><input type="checkbox"/> Male<br><input type="checkbox"/> Both   |  | (22) Hair Color  |                                 | (23) Eye Color  |   |
|   |  |  |                                 | (24) Race (Select One)<br><input type="checkbox"/> A Asian/ Pacific Islander (includes Asian Indian)<br><input type="checkbox"/> B Black<br><input type="checkbox"/> I American Indian / Alaska Native<br><input type="checkbox"/> W White ( Includes Hispanic/ Spanish Origin)<br><input type="checkbox"/> U Unknown |   |
| (25) Occupation / Position (with respect to Requirement)  |  | (26) Employer / Organization Name (with respect to Requirement)      |                                 |   |   |
|   |  | Employer Address   |                                 |   |   |
|   |  | City   |                                 | State   | Zip                                       |
| <b>Identification Requirement</b> - Acceptable 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/Issuing agency), 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 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 10/31/2011). |  |  |                                 |   |   |

**Please READ This Form Carefully:**

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** that you **present** this completed Universal Fingerprint Form, IDG\_NJAPP\_051719\_V1, 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, American Express, Discover and prepaid debit cards, 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 \$12.00 plus tax (\$12.80) will be incurred by applicants who do not cancel/reschedule their appointment prior to the deadline. Idemia Identity & Security 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\_051719\_V1, or the information on this form does not exactly match the information provided during the scheduling process. Applicants unable to be fingerprinted will incur a \$12.00 plus tax (\$12.80) appointment fee. Idemia Identity & Security 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. Idemia Identity & Security 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**

# Township of Montville

195 Changebridge Road, Montville, NJ 07045-9498  
 Municipal Offices: (973) 331-3300 \* Fax (973) 402-0787

Date: \_\_\_\_\_

Notice: A signed voucher must be returned attached to bills for  
 payment. All service or material the same are presented.

\* Pay To: \_\_\_\_\_  
 (Name)  
 (Address)  
 (City, State, Zip)

Date Paid \_\_\_\_\_  
 Check # \_\_\_\_\_

Purchase Order #

|                           |  |
|---------------------------|--|
| Capital                   |  |
| Dog Fund                  |  |
| Developer's Trust Fund I  |  |
| Developer's Trust Fund II |  |
| In-House Engineering      |  |
| Public Assistance II      |  |
| Special Construction      |  |
| Special Recreation        |  |
| Special Roads             |  |
| Unemployment T.F.         |  |
| <b>SPECIAL ROADS</b>      |  |

| Quantity | Description Of Goods Or Services Rendered   | Unit Price | Amount  |
|----------|---|------------|---------|
| 1        | Reimbursement for<br>Coach Background Check |            | \$24.05 |
| TOTAL    |   |            | \$24.05 |

**Vendor's Certification and Declaration**

I do solemnly declare and certify under the penalties of the law that within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; that no bonus has been given or received by any person or persons with the knowledge of this claimant in connection with the above claim; that the amount therein stated is justly due and owing; and that the amount charges is a reasonable one.

\* Sign Here \_\_\_\_\_

Official Position \_\_\_\_\_

Signature for \_\_\_\_\_

Requisition (Department Head)

**Receipt Certification**

I certify that the materials and supplies have been received or the services rendered; said certification is based on delivery slips acknowledged by a municipal official or employee or other reasonable procedures.

Sign Here \_\_\_\_\_

Official Position \_\_\_\_\_

Fund's Certified

(Treasurer's Office)

Date \_\_\_\_\_

Claim Approved

(Mayor or Administrator)

Date \_\_\_\_\_